DOCUMENT RESUME

ED 038 696 CG 005 254

AUTHOR	Lindsay, Vivian; And Others
TITLE	Guidelines for the School Nurse, 1969.
INSTITUTION	Omaha Public Schools, Nebr.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	69
NOTE	148p.
EDRS PRICE	EDRS Price MF-$0.75 HC-$7.50
DESCRIPTORS	Elementary Schools, *Program Descriptions, *Pupil Personnel Services, *School Health Services, *School Nurses, Secondary Schools

ABSTRACT

This publication covers the policies, practices and procedures that have been found to be sound, workable and effective in the 50 years of the Omaha Public School Health Program. The philosophy is briefly stated, general personnel policies are reviewed, and an overview of the health services presented. A comprehensive listing and explanation of the procedures, from the opening of school until the closing, comprise much of this manual-like publication. Forty pages are devoted to the many forms used in health services. (TL)

GUIDELINES FOR THE SCHOOL NURSE

1969

OMAHA PUBLIC SCHOOLS

Omaha Public Schools

Omaha, Nebraska

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GUIDELINES FOR THE SCHOOL NURSE

1969

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3984

FORWARD

The 50th anniversary of the founding of the Omaha Public School Health program is an opportune time to issue a publication covering the policies, practices and procedures that have been found to be sound, workable and effective.

We in Omaha are most fortunate to have a staff who have worked with students, parents, and classroom teachers almost from the inception of this health program. Some of the original staff members are still available for consultation.

From the file of newspaper stories and comments, along with letters and various other publications during this span of time, it has been possible to put together this document. It is hoped that this document and the work during the past 50 years will serve as an effective pattern of organization and operation in the years which lie ahead.

May I congratulate the members of the Omaha Public School nursing staff who have produced this working document. Such a contribution deserves the attention of other members of the Omaha teaching staff and the community at large. By reading this publication much knowledge can be gained concerning an ideal health program for a public school system.

Owen A. Knutzen
Superintendent

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PHILOSOPHY

School nursing is a specialized service which contributes to the education of children. It is a part of the total school program. It must be diligently pursued through health and educational avenues to the end that positive health belongs to all citizens.

The school nurse with her experience and knowledge of the changing growth and behavioral pattern of children is in a unique position to assist children in acquiring health knowledge, in developing attitudes conductive to healthful living, and in meeting their needs resulting from disease, accidents, congenital defects, or psychosocial maladjustments.

School nursing, as a part of a school program, is a direct, constructive and effective approach to the building of a healthful and dynamic society.

INTRODUCTION

The role of the Omaha Public School Nurse is complex, demanding and rewarding.

The object of her profession is the health of children. The health of a student is essential to her, for then she can utilize to the maximum all educational opportunities. The nurse's achievements in improving the health of the student are reflected in the increased effectiveness of the total school program.

It is the nurse's responsibility to promote and exemplify healthful living in the school, home, and community for students, parents, and school personnel. Each contact with a student is used to further the student's health education.

Her leadership in health activities is restricted to the limitations of the sphere of the school's responsibility. Always she aims for the ideal of mutual cooperation of home, school, and community for the maximum benefit of the child.

As the school nurse works with well children and earns their confidence, she acquires a sympathetic understanding of their physical, intellectual, and emotional needs and problems.

She is skilled in interpreting data from all related health appraisals and uses judgement and discretion to relate the significance of the findings for the individual student. She is available for guidance and counseling of students, teachers, and parents.

She is the one staff member in her school qualified and assigned to perform these responsibilities. The Omaha Public School Nurse is uniquely essential.

PART I - Introduction to the Health Services

GENERAL PERSONNEL POLICIES

A. Manuals

1. Each nurse should have a copy of "Guidelines" and acquaint herself with its contents. This is obtained from the Supervisor of Health Services.

2. Each nurse should have a copy of "Policies, Procedures, Practices" published by the Omaha Public Schools and know its contents. This book is obtained from the principal of her school.

B. Nurse's Schedule and Assignment

1. All nurses' assignments are made by the Supervisor of Health Services.

2. The nurse receives a copy of her schedule for her own use and a copy for each principal of her schools.

3. The nurse must obtain special permission from the Supervisor of Health Services and the Superintendent of Schools when selected to attend special meetings and occasions.

4. The nurse should attend at least one P.T.A. meeting per school.

C. Absence from Duty

1. The nurse is to notify the principal of her respective school and the Supervisor of Health Services as early as possible when absent for any reason. The anticipated date of return must also be reported as early as possible.

2. The regulation form "Employees Illness Card", 5M, is obtained from the principal's office and completed upon return from absenteeism.

D. Payroll Verification and Automobile Travel

1. Payroll verification is to be sent to the Assistant Superintendent

of Pupil Personnel Services at the South Annex by the 20th of each month.

2. Automobile travel cards, SB2, are to be sent to the Secretary of the Board of Education every Friday. Mileage cards are sent in for Christmas and Sprin recesses.

E. Professional Organizations

1. Nurses support the following organizations:

  a. Council for Exceptional Children
  b. Omaha Educational Association
  c. Nebraska State Educational Association
  d. American Nurses Association
  e. National League of Nursing
  f. National Section of Public Health Nursing
  g. American School Health Association
  h. National Education Association

F. Bulletins

1. All bulletins issued by the Superintendent, Assistant Superintendent, and Supervisor of Health Services are to be considered as official information and are to be kept on file in the nurse's office.

G. Uniforms

1. The uniform of the nurse is a tailored navy blue dress or navy blue skirt with tailored blouse and hospital pin.

H. Professional Growth

1. Each nurse should acquaint herself with the contents of the Professional Growth Information booklets. The nurses are required to have the same professional growth as the teachers.

OVERVIEW OF SCHOOL HEALTH SERVICES

A. The school nurse is held responsible for the following routine school health procedures:

1. Room inspection of all students: Kindergarten through six, and junior high students as deemed necessary. This inspection will be conducted after the fall opening and after the Christmas vacation.
2. Health record for each student from Head Start through grade twelve.
3. Current immunizations and vaccinations for all students.
4. Annual physical inspection of each student in grades 1, 3, 5, 7, 9, 11, and all students new to the school system.
5. Audio testing in grades 3, 6, 8, 11, and all students new to the school system (above grade 3), students in speech classes, students with known hearing losses and referrals from teachers and parents.
6. Weigh and measure students in grades Kindergarten through six, twice a year (October and March); grades seven and eight, once a year (October); grades nine and eleven are weighed and measured at the time of the physical inspection.
7. Notify parents of any apparent defect and aid them to obtain all necessary corrections.
8. Counsel teachers, parents, and students to understand and recognize significant deviations so that students may adjust to their health situations in the classrooms, and thereby, gain personal satisfaction in attaining maximum educational achievement.
9. Assist in the prevention of the spread of communicable disease and potential health hazards; administer first aid to victims of injury,

illness, and any other emergency.

10. Evaluate school health services regularly and submit a montly report to the office of the Supervisor of School Nurses.

11. School nurses do not, as a rule, call a physician to inquire about a patient under his care. In some cases, where it seems necessary to make such a contact, the nurse should first request permission of the parents. In difficult cases, the nurse should confer with the Supervisor of Health Services who may wish the Assistant Superintendent of Pupil Personnel Services to secure the needed information.

12. Telephone numbers of schools are silent and the nurse should be careful not to disclose numbers to unauthorized persons. The use of the telephone calls for much discretion. As a rule, telephone calls between buildings should be reduced to a minimum and personal calls should be made only in emergencies.

B. Health Education

1. Every nurse has a professional responsibility to teach health education. Good health habits can be taught in everyday associations. For example, when a child come's with an injured knee, first aid, cleanliness, and personal responsibility can be taught.

2. The classroom teacher is responsible for health instruction. The school nurse should act as a resource teacher. She should accept every opportunity to speak and teach health education in the classroom.

3. Counseling and guidance is the core of the school nurse's role. She has an advantage when counseling children because she can establish a new relationship. She avoids a disciplinary approach.

SELF-EVALUATION

Self-evaluation is a difficult but necessary skill for a professional person to develop. School health services include a variety of functions designed to assist in protecting or improving student health and to secure information needed to assist in adapting school programs to the mental and physical abilities and needs of particular students. Each function of school nursing should be evaluated.

Evaluate your work frequently. The following evaluative tool can be used.

A. Appraisal of Health Status

1. Is the cumulative health record used to interpret normal and abnormal findings for appearance and behavior of students?
2. Are all aspects (emotional, physical, social, etc.) of the students' status determined periodically?
3. Are the current, improved techniques used in periodic vision and audio screening?
4. Is health education given to parents on the need for periodic medical and dental examinations?
5. Is every possible effort made to get parents to correct an apparent defect?

B. Health Education and Counseling

1. Do I use every opportunity with students in daily contact for direct or indirect health education?
2. Is health counseling directed to help students have better health and better health habits?

3. Is health counseling directed to help students and parents accept the need for medical and dental attention for correction and explore the available resources?

4. Is health counseling directed to help students and parents accept disabilities that are not uncorrectable?

5. Is an up-to-date file of health educational materials and resources available to the nurse, students, and teachers?

6. Is the school lunch program integrated in health education?

C. Special Health Problems and Follow-up

1. Has every effort been made to obtain treatment for children with special health problems?

2. Are all available modifications of school scheduling done for those who have special health problems?

    a. Special seating arrangements for hearing and vision problems.

    b. Special attention for social and emotional problems.

    c. Rehabilitation services available for the handicap.

    d. Proper exercise program or modification of physical education for handicap.

3. Is an effective follow-up system used for uncorrected defects?

4. Do I allow the parents to reach the decision for correction, as it is their primary responsibility.

D. Prevention and Control of Communicable Diseases

1. Are students encouraged to stay at home when ill?

2. Are the policies of the Omaha-Douglas County Health Department followed as to admission and dismissal of students with illness or con-

tagion?

3. Is there evidence of teacher inspection of students, and the students being properly referred with illness or contagion?

4. Is the school atmosphere conducive to good health?

E. Care of Emergency Illness or Injury

1. Are first aid supplies conveniently located?

2. Are accident reports filed on all school accidents and all accidents which occur outside of school resulting in one-half day absence or more and/or medical attention?

3. Are parents informed when their child is injured or ill?

4. Are first aid instructions available for teachers and auxiliary personnel?

F. Organization and Record Keeping

1. Have I organized my schedule to allow time for routine duties, personal conferences and home contacts?

2. Are teacher referrals given prompt attention?

3. Do the health records give an accurate picture of the student's health status?

4. Is my record-keeping up-to-date?

5. Do I allow time for teacher conferences?

G. Professional and Personal Relationships

1. Do I promote good rapport with school personnel?

2. Do I use the proper channels of communication for relating information?

3. Am I courteous and tactful to parents?

4. Do I give all students prompt and courteous attention?

PART II - Procedures of the Health Services

OPENING PROCEDURES FOR THE BEGINNING OF THE SCHOOL YEAR

Elementary:

A. Report to the principal on arrival at the school.

B. Assist in registration of Kindergarten students.

  1. Urge parents of students who do not have their medical, M-8, and dental, M-21, examinations completed to do so as soon as possible.
  2. Give forms M-8 and M-21 to new registrants and request completion as soon as possible.
  3. Refer to clinics if parents are eligible and need help.
  4. Obtain a complete list of Kindergarten students from the teacher.
     a. Within the first two weeks, be sure all parents of students without completed M-8 and M-21 cards have been contacted by the nurse either by telephone or home visit.
     b. Key people to help obtain these examinations are PTA Health Chairman, the principal and the teacher.

C. Check and Put Away Supplies

D. Make Up Cots.

E. Refill and Distribute First Aid Boxes.

F. Check all students on handicap list for any change in condition. A new list is sent to the school each August.

G. Notify, in person, the teachers who have a handicapped student in their classroom and assist the teacher in adapting a program to meet the student's needs.

H. As soon as feasible, usually after the third day, conduct individual student inspections in each classroom. The Supervisor of Health Services will instruct the new nurses on this procedure. Check for:

1. Ringworm of scalp and skin.
2. Impetigo
3. Unusual rashes
4. Infected lesions
5. Pediculosis.

I. Distribute M-23 forms as needed.

J. Exclude all students who have a contagious condition.

K. Check students with known defects for possible correction during the summer. Lists of these will be found in nurse's desk.

JUNIOR HIGH:

A. Report to the principal on arrival at the school.

B. Check and put away supplies.

C. Make up cots.

D. Refill and distribute first aid boxes.

E. Check all students on the handicap list for any change in condition. This list will be found in the nurse's desk.

F. Request time at the first teacher's staff meeting for the following:

1. Give each new teacher form M-40 and briefly discuss the nurse's duties.
2. Give each teacher a copy of the handicap list.
3. Discuss the list with the teachers and assist them in adapting a program to meet the handicapped student's needs. Emphasize the fact that

this list is confidential and not to be read by students.

G. Remind the athletic director that all students participating in competitive sports must have a physical examination and these completed M-8's must be returned to the nurse before the first game.

H. Obtain from the principal or counselor a master list of enrollment for all grades.

1. Divide grades seven and eight health cards, M-1, into cores. Keep the boys and girls cards separated.
2. Grade nine health cards are left alphabetized.

I. Check all students with a known defect for a possible correction during the summer months. Lists of these students will be found in the nurse's desk.

J. Request a physical and dental examination from all grade seven students who did not have them in the spring. List of these students will be found in the nurse's desk.

K. Physical inspections on all students new to the Omaha Public Schools. (Forms M-58, M-8, M-21, and M-9 are to be given to the student and request they be returned, completed, as soon as possible.)

SENIOR HIGH SCHOOL:

A. Opening of school year for senior high

1. At the first faculty meeting, notify teachers:
    a. sending first aid boxes to be cleaned and refilled.
    b. hand out and explain handicap list.
    c. explain the nurse's responsibility and how the team works to better the student's education.
2. Check handicap list for students who are on crutches or in wheelchairs

for elevator passes and help with books.

3. Notify counselors and deans of special problems new this year.

4. Notice in bulletin to all students as to the routine in the nurse's office.

5. Notice in bulletin for freshmen and sophomores to turn in completed physical and dental cards to nurse's office.

6. Check with athletic director regarding physical exams for athletics.

7. Check student schedules to make sure students who are not to have physical education are not scheduled for physical education.

8. Check with attendance clerk for either program cards or a master listing of students.

B. Attendance

1. Admission

a. The senior high school nurse should see all students absent from school three days or more.

b. The nurse should see all accident cases (including those happening outside of school.)

c. The nurse should see all students who see a doctor or dentist. (Doctor and dentist appointments should be verified by the nurse.)

2. Dismissal

a. When a student is dismissed because of illness or accident:

(1) the parent or person designated by the parent is to be notified.

(2) the proper school form is used.

(3) the dismissal is reported to the attendance office.

3. Absence List

   a. The nurse should service a daily list of absentees.

DAILY ROUTINE OF THE ELEMENTARY AND JUNIOR HIGH NURSE

A. Attendance

The following students should be referred to the Health Office:

1. All students absent from school three days or more due to illness or injury.
2. All students who have been injured in an accident at school or elsewhere.
3. All students who have been seen by a physician or dentist.
4. All students new to school, either new to the system or transfers from other Omaha Public Schools.

B. Dismissal

1. Students are not sent home alone if ill, injured, or excluded for a skin, scalp, or eye condition.
2. Students are not sent home without notification of parent or designated individual listed on the Individual Census Card (C-8). The parent arranges for the necessary transportation and medical care.
3. The rescue squad or the family physician may be called if the parents are not available and the situation is sufficiently critical to warrant this procedure.
4. Form M-4 is used when students are excluded from school. A duplicate copy is kept in the health office.
5. Teacher and principal are notified of the student's illness.

C. Admissions and Dismissals of Communicable Disease Cases

1. All admissions or dismissals of students, who have a communicable disease, shall be in keeping with the standards and procedures set up

by the State Rules and Regulations and/or the best judgement of the school nurse. (Refer to "Regulations of Omaha-Douglas County Board of Health", page 75, of Policies, Procedures, Practices manual of Omaha Public Schools.)

DAILY ROUTINE OF THE SENIOR HIGH SCHOOL NURSE

Routine duties and responsibilities:

A. New admissions, withdrawls, and transfers

A daily list of new admissions, withdrawals and transfers are sent from the main office.

1. New admissions:
    a. Health card (M-1) made and physical inspection
2. Withdrawals and transfers:
    a. Health card properly tagged with code
    b. Transfers noted as to new school and date, and then forwarded to new school (within Omaha Public Schools)

B. Nurses' sign in slip or list

This slip or list must be filled in by each student who visits the nurse. The slip should be filed with the health record after the tally has been made. These slips are used for further reference.

C. Exemption from physical education

An annual note from the doctor of the student requesting that the student be exempted from physical education must be on file in the permanent health record in order for the student to graduate without the required number of credits in physical education.

D. Chest x-rays for cafeteria workers

The school nurse should check with the cafeteria manager to make sure all workers have had a chest x-ray.

E. Vocational rehabilitation

The school nurse should check the handicap list, second semester, for senior students who could use vocational rehabilitation. The student and his parents are contacted for permission to be referred. The referral is then sent to the local office.

F. Sponsor of Future Nurses or Health Careers Club

The high school nurse is usually asked to sponsor or help sponsor the Future Nurses or Health Career Club organization. See the activities chairman of your high school for their policies.

G. Handicap List

The senior high school nurse publishes a handicap list which is distributed to the faculty. This form is confidential. The handicap list is divided into sections:

1. Handicap students
2. Special seating for visually handicapped
3. Special seating for accoustically handicapped
4. Gym restrictions for boys and girls

The list should include the handicap and recommendations.

EMERGENCY CARE

A. Emergencies are opportunities to teach children prevention and care for minor wounds.

1. Pupils should be taught not to depend on the school for dressing their wounds. As often as possible, each pupil should do his own first aid treatment so that he learns to care for his minor injuries at home instead of using school time for this purpose.

2. The nurse must not assume responsibility for the care of infections; she must stress the importance of a physician's consultation.

B. First aid boxes should be located in strategic places in the building (boys and girls P. E. Department, Industrial Arts, Homemaking, Science Laboratories, and Health Office). It is the responsibility of the nurse to replenish these boxes, gather and store in her office during the summer, and redistribute at the opening of the school term.

C. Contents of the First Aid Box

1. Alcohol
2. Adhesive tape
3. Band aids
4. Cotton
5. Green soap
6. Scissors
7. Sponges, 3" x 3"
8. Tweezers
9. Vaseline
10. Sling

D. The Red Cross First Aid Manual should be used as a guide in administering first aid.

E. Notification to parents:

After the nurse has given first aid, she must notify the parents about the illness or accident and of the fact that the medical care and transportation is their responsibility.

F. Accident report

All student accidents must be reported, on a special accident form, to the central office on Friday of each week. An accident is defined as an injury which requires the care of a doctor or keeps a student out of school one-half day or more. All accidents should be reported regardless of where they occur; en route to ro from school, at home, or elsewhere.

G. Medications

No unauthorized medications, aspirin and cough drops included, shall be prescribed or administered by the school nurse or by any school personnel. Students on medication are to have a written statement from the physician if it is to be taken during school time, and only one week's supply is to be brought to school.

The label on the medication should include the student's name, physician's name, and directions for administration. Consult with principal for proper method of medication storage and dispersion.

H. Religious Beliefs

When special religious requests for excuse from health program activities or health procedures are attached to the pupil's health card, these pupils are excused from procedures as requested except in the case of communicable disease and participation in competitive sports.

HOME CALLS

A. Purpose

1. To help the parent better understand the problem relating to the physical or emotional condition of the child.
2. To gain information which would be of value to the school personnel in helping the child achieve to his ability.
3. To permit an opportunity for evaluation of the home and family situation.

B. Plan the visit

1. Secure information about the children and family before the visit.
2. Assemble materials necessary for the visit.
3. Select a proper time of day.
4. Know community resources.

C. Following the visit

1. Record the visit on the health card, nurse's daily work sheet, and monthly report.
2. Share the results of the visit with the principal and teachers.

WEIGHING AND MEASURING

Elementary Students:

A. Students are weighed twice a year (October and March).

1. Schedule procedure with teacher one week in advance.
2. Teacher accompanies the students to the health office and does the recording.

3. Students remove shoes for the procedure.

4. Students with weight problems
    - a. Give weight quietly
    - b. Have personal conference
    - c. Contact parent advising physician consultation

5. Students in the 5th and 6th grades
    - a. Weigh boys and girls separately

Junior and Senior High Students

A. Students are weighed once a year.

1. Schedule procedure with core teacher one week in advance.

2. Students remove shoes for the procedure.

3. Seventh and eighth grade boys and girls weighed separately in October. (Nurse may do own recording while teacher supervises group.)

4. Ninth, eleventh grades and new students are weighed at time of physical inspection.
    - a. Students are called to the office with passes from the study hall or unscheduled mods.

VISION TESTS

A. Students to be tested

1. All students in grades 1, 3, 5, 7, 9, and 11.

2. Students new to the Omaha Public Schools.

3. All referrals from teachers, principal, counselors and parent requests.

B. Procedure

1. Each building is equipped with a Good-Lite, Model A, eye chart, a

Symbol E chart, and Snellen letter chart.

2. The chart should be placed at a 20-foot distance and on eye level.

3. The student should be placed so that the light from the window does not shine directly in his eyes.

4. If the student wears glasses, the student should be checked with and without glasses.

5. Right eye tested first, left eye covered with a paper covering, being careful that the eye is covered entirely and no pressure exerted against it.

6. Care should be taken to prevent the spread of infection should any be present; therefore, use a clean cover for each student.

7. The test should begin at the large symbols or letters, and should progress to the pupil's easy limit.

8. The masking or isolation cover should be used.

9. A demonstration in the classroom of the Snellen E chart should be given to the first grade classes.

10. Measurements should be recorded as follows: 20/20, 20/30, 20, 40, etc., using as the first number the distance from the chart, and the second number the limit to which the student can progress.

11. 20/20 is normal vision.

12. 20/30 is normal vision for kindergarten and first grade students. For students above this grade level, a test of 20/30 indicates a retesting and possible referral for a refraction.

13. Always retest a student two or three times before contacting parents to be sure the test is valid.

14. Contact parent by telephone or home visit. Urge parent to take student to an ophthalmalogist. Give names of five ophthalmalogists if requested.

15. Signs and symptoms associated with faulty vision.
    a. Redness or swelling of eyelids.
    b. Scaling or encrusting of lids.
    c. Tearing or discharge from eyes.
    d. Nodules inside the eyelids.

16. Follow-up
    a. Record correction of defect and test with new glasses.
    b. If no correction, contact parent again in a few weeks. Offer assistance if nurse has reason to believe family needs financial assistance.

PHYSICAL INSPECTIONS

This procedure should not be hurried, enjoyable fun time for both the nurse and student and involves students in grades 1, 3, 5, 7, 9, 11, and all new to the Omaha Public Schools.

A. Planning procedure
    1. Arrange date and time with the classroom teacher in advance.
    2. It is advisable in grade one to demonstrate the symbal "E" and explain the procedure to the entire class.

B. The procedure
    1. Instruct the teacher to send three to five students to the health office at a time.
    2. Seat the student comfortably facing the nurse.

3. The nurse reviews the health card.

    a. Students above grade 3 give the following information; address, telephone number, parent's occupation, and names of children in the family.

    b. Check health information and immunizations record. Use M-45 form to notify parents of immunizations needed.

    c. The nurse observes condition of skin, condition of hair, posture, speech, and gait (have student walk across the room).

    d. The nurse checks the vision, nose, throat and teeth. Students in grade 1 are given the whisper test for hearing.

4. All findings are recorded on the health card.

5. Handling of defects

    a. If a vision or hearing defect is noted, it is advisable to retest the student at least twice before notifying the parent.

    b. Form M-3 is used for notification of defects.

    c. It is advisable to contact parents by telephone or home visit regarding visual, hearing, and dental defects, using this as an opportunity to recommend proper medical and dental attention.

6. Utilize the time for teaching

    a. Dental hygiene

        (1) Review tooth brushing technique

        (2) Stress importance of periodic dental examinations. Show charts of healthy and unhealthy teeth.

        (3) Issue and explain the dental card is to be signed by the student's dentist when dental work is completed. This

card is to be returned by the student to the nurse, and information from card recorded on the health card.

b. Personal hygiene

c. Prophylactic Health Measures

AUDIOMETRIC TESTING

The administration of the audiometric test requires precision, good technique, and keen interpretation of findings.

A. Students are given hearing tests in grades 3, 6, 8, 11, and all students new to the Omaha Public School system (above grade 3), students with known hearing losses, students in speech classes and referrals from teachers and parents.

B. Planning procedure

1. Requisition the audiometer from the Secretary of Health Services.
2. Request batteries from Speech Therapist Supervisor when needed for battery operated audiometers.
3. Schedule the date and time with the teacher in advance.
4. It is advisable in grade 3 to demonstrate and explain the procedure in the classroom.
5. Classroom teaching may include anatomy and function of the hearing process and preservation of good hearing.

C. The procedure

1. Instruct the teacher to send six students to the health office at a time.
2. The student is seated so that he cannot see the nurse operate the audiometer.
3. The earphones are placed directly over the ear canals.
4. Students are tested at 10 or 15 decibels in a reasonably quiet room.

The right ear is tested first. Each ear is tested on six major frequencies.

5. Record normal findings on the M-1 health card.

D. Follow-up

1. Students with a hearing loss of 5 to 10 decibels on more than two frequencies are retested at least twice.

2. Record results on M-1 health card. Compare previous recorded findings.

3. Report and interpret the hearing loss findings to the teacher.

4. Arrange a conference with the parent for the following:

    a. To report and interpret hearing loss.

    b. Advise medical consultation with the family physician or ear, nose, and throat specialist.

    c. To explain the purpose of the audio findings, letter M-13 is to be taken with the student to the physician.

        (1) This letter is to be completed by the physician following examination of the student and returned to the school nurse, or the physician may send it to the Supervisor of Health Services.

        (2) The physician's recommendations are reviewed with the student, parent, and the teacher.

5. Two audiographs of the nurse's findings are made out on each student with a noted hearing loss.

    a. One audiograph is sent to the Supervisor of Health Services immediately.

    b. The second audiograph is sent to the Supervisor of Health

Services after the physician's findings and recommendations have been recorded on it from the audio letter M-13.

(1) If the audio letter, M-13, is sent directly to the Supervisor of Health Services from the physician's office, the letter will be initialed and sent to the nurse and is to be kept with the student's records.

(2) If the audio letter, M-13, is returned to the nurse from the physician's office, the letter is to be sent along with the second audiograph to the Supervisor of Health Services.

REQUISITION OF SUPPLIES

A. All supplies are ordered from the Manual of Supplies and Specification. The principal has the manual. Health supplies are listed on pages 53-55, and printed forms are listed on pages 118-120.

B. Elementary School:

Requisition should be given to the Principal before May 1st and December 1st.

C. Junior High School:

Requisitions only once a year -- before January 1st.

D. Senior High School:

Requisition only once a year -- before January 1st.

E. It is advisable for the nurse to keep a copy of her requests. A copy of requested supplies is also sent to the Supervisor of Health Services.

REQUESTED PHYSICAL AND DENTAL EXAMINATIONS

A. Medical M-8 and dental M-21 examinations are requested for all students in grades kindergarten, sixth, ninth, and once during the high school years.

1. Check completed examination card for defects and recommend conference with the parents if needed.
2. Interpret the findings to the teachers and other personnel involved.
3. Transcribe the findings onto the M-1 card.
4. If the student leaves the Omaha Public School system or if parent requests, the M-8 may be returned after it has been transcribed.

B. Filing of M-8 Cards

1. Kindergarten cards are put in cumulative folder until grade 2, at which time they can be discarded by the teacher. Dental cards are discarded at the end of each year.
2. Grade 6 cards are delivered by the nurse to the nurse at the junior high they will attend to be filed until the student reaches grade nine. At that time, they are to be discarded.
3. Grade 9 cards are delivered by the nurse to the high school the student will attend to be filed and discarded upon graduation.

C. Preparation for physical and dental request

The nurse prepares a packet containing:

1. Letter to parents
2. Physical examination card (M-8)
3. Dental examination card (M-21)
    a. Grade six students receive their packets early in February, method of distribution decided by principal and nurse, and are given instructions to return the completed cards early in April.
    b. Grade nine students follow same as above.
    c. High school students' cards are given to the student at the

time of the 11th grade inspection and urged their return before graduation.

D. Competitive sports

A yearly medical examination must be on file in the nurse's office every year for the student participating in competitive sports.

The coach is responsible for collecting these cards. The nurse should check each card before the first game is played.

WOOD'S LIGHT INSPECTION

A. Procedure for detecting ringworm of the scalp

1. The child with the suspected fungus is taken into darkened room and the light is shown on the infected area. If the fungus is present, the area will show a yellowish-green fluorescence along the hair shafts particularly on the back, temples, and crown of the head.

B. Follow up steps

1. The student is excluded from school after notifying the parent. Immediate medical care is necessary, and under proper medical attention the student may return to school within a week with a signed permit by the physician.

2. If a case has been found, the other students in the classroom should be checked. Also, check all siblings in the family of the infected student.

SUMMARY OF RULES AND REGULATIONS RELATING TO THE CONTROL OF COMMUNICABLE DISEASES

A. The Omaha-Douglas County Health Department prints a guideline for regulating the control of communicable disease.

1. The guideline provides the incubation period, isolation of a case, and

the control of school age familiar contacts when a communicable disease is present.

2. The guideline designates those diseases which should be reported to the Communicable Disease Control Department in the Health Department. See page 90.

HEALTH EDUCATIONAL FILMS

Films are available from the Audio-Visual Department and are listed in the Manual of Instructional Material. If the nurse desires to show a film that is not listed in the Manual of Instructional Materials, she should obtain permission from the Supervisor of Health Services.

Film for Health Educations

KINDERGARTEN ROUND UP

A. A date is set for a city-wide round up for children who will be entering kindergarten the following fall. The date of the individual schools' round up is set by the principal, nurse and P.T.A. health chairman, who should be an integral part of the program.

InOrder to Provide, M-52, is distributed by the principal prior to the round up. Well in advance of the round up, the nurse prepares a packet to be given to each parent. The packet contains the following materials:

1. Physical examination card, M-8
2. Dental card, M-21
3. Booklet, "Your Five Year Old"
4. Letter to parents, M-54
5. Communicable disease information, M-9
6. Pre-school traffic training program

7. Envelope, clasp, 5" x 7"

These forms are to be requisitioned by the principal in the fall.

B. If a child has attended Head Start and has had his physical and dental examinations, no further examinations are required.

C. The nurse explains to the parent the importance of a good physical and dental examination.

D. Parents are urged to make an early appointment with their family physician and dentist for correction of defects, and all necessary immunizations and boosters.

E. Health cards, M-1, are started at this time for the fall kindergarten students, information being secured from C-8 and C-7 cards.

F. A work sheet, M-53, is completed, listing all kindergarten students. This list is left in the nurse's desk for use in the fall.

COMMUNITY AGENCIES

Throughout the school year, many times the school nurse relies on other community resources to help the students she is assisting. She should be aware of the agencies which help students; and which agencies will help her gain further information concerning students.

The following agencies can be used for referrals:

A. University of Nebraska Clinic - The University provides medical care to all patients registered at the clinic for a minimal charge for those who have resided in Nebraska for one year. The clinic is supported by state funds.

B. University of Creighton Clinic - The University provides medical care to all patients registered at the clinic for a minimal charge. There is no waiting period for registration.

C. Douglas County Assistance Bureau - The Assistance Bureau is supported by local and state taxes. The Bureau administers public assistance, child welfare (ADC), and general relief services, and determines medical indigency for public institutional care in County and State institutions.

D. Nebraska Tuberculosis Association - The Nebraska Tuberculosis Association works with other agencies to improve the health of people. It helps provide the Omaha-Douglas County Chest X-ray Units which are free to the public.

E. Nebraska Vocational Rehabilitation Services - The Services are supported by state and federal taxes. Services provided are:

1. Medical, surgical and psychiatric treatment and hospital care.
2. Prosthetic appliances such as limbs, braces, hearing aids, and glasses.
3. Training to develop job skills.
4. Placement assistance in finding and adjusting to a suitable job.

Rehabilitation services are designed to develop, improve, or restore the working usefulness of handicap individuals to the degree that they may become useful, productive members of society.

F. Salvation Army - The Salvation Army is a religious and social welfare organization. It provides the following services:

1. Family Welfare and Transient Service Department
2. Group Work centers
3. Booth Memorial Hospital
4. Men's Social Service Center
5. Help with Christmas food and toys for those who are in need.

G. World Herald Goodfellows - The World Herald Goodfellows are supported by public contributions. It provides shoes for school children, milk for pre-school children and infants, and Christmas gifts and food for underprivileged children.

H. Omaha-Douglas County Health Department - The Health Department has seven divisions.

1. Vital Statistics registers births and deaths.
2. The laboratories provide testing on milk, water, and food samples.
3. The sanitation department investigates milk and water supplies, sewage, garbage, trash, and waste disposals.
4. It provides Public Health Nursing in well child conferences and clinics, school, and communicable disease control. The Visiting Nurse Association is the working body of Public Health Nursing.
5. The Dental Health Department maintains the dental clinic and provides and promotes dental care and dental education.
6. Preventive Disease Control investigates communicable diseases and provides epidemiological studies. It provides an immunization clinic which is maintained by the Visiting Nurses Association.
7. It provides literature, films, articles, and other services of health education.

I. Nebraska Psychiatric Institute - The institute is supported by the state funds and government grants. It provides inpatient, outpatient, and day patient services for both adults and children. The institute provides diagnostic and treatment service, teaching and consultation, research, and in-service programs.

J. Douglas County Juvenile Court - The Court provides law enforcement for all juveniles, delinquent, dependent, or neglected children under eighteen years of age. The Court protects juvenile cases and provides a probation and counseling service.

K. Creighton University School of Dentistry - The dental college provides education and training for dental students. It provides services to any suitable case with a charge for materials only. Cases referred by welfare agencies must have a guarantee of payment.

L. Family and Child Services - The Family and Child Services provide day care for working mothers, adoption investigation and placement of children, family counseling in all family relationship problems, and counseling for unwed mothers. The service is supported by United Community Services.

M. Catholic Charities - Catholic Charities provides family counseling, counseling for unwed mothers, day care for working mothers, adoption, temporary financial assistance, psychiatric and psychological services, and placement of dependent or neglected children. The service is supported by the United Community Services.

N. Lutheran Family Service - Essentially the same as the Catholic Charities.

O. Child and Youth Program (643) - This program is supported by federal funds with the Children's Bureau. It provides free medical, surgical, and psychiatric treatment for children registered under the program. The program will supply hearing aids, glasses, some dental surgery, and other prosthetic equipment. Eligibility for this program is determined by the administrator of the program in which certain standards have been set.

P. Nebraska Goodwill Industries - The Industries provides the following services:

1. Vocational evaluation and testing to determine vocational goals.

2. Training of those evaluated or other referred clients.

3. Placement assistance and terminal employment for those unable to compete in normal industry.

Q. Halo Club - The Halo Club supports and provides Christmas and Thanksgiving baskets for the underprivileged.

R. State Crippled Children's Services - The Crippled Children's Services provides diagnostic procedures and medical and surgical treatment by specialists in designated areas and clinics. Medications and other equipment such as braces and crutches are provided. The following areas are serviced:

1. Orthopedic conditions - defects of bone, muscle or function.
2. Cerebral palsy.
3. Oral plastic - includes cleft palate or cleft lip.
4. Heart disease or conditions which lead to heart disease.
5. Cystic fibrosis.
6. Eye conditions correctable by surgery.
7. Hydrocephalus and myelomeningocile.

Eligibility is based on extensiveness of condition and family financial condition.

S. Seizure Clinic - Is supported by the Rotary Club. The clinic provides diagnostic procedures, treatment and follow-up for the children with seizures.

T. Services for the Visually Impaired - The State Services are supported by the state taxes and the Department of Health, Education and Welfare. The service provides:

1. Counseling, training and placement.
2. Physical restoration.
3. Sight conservation.

4. Home teaching.

5. Braille and a program for the blind children.

Any questions about any or other agencies should be directed to the Supervisor of Health Services.

PUPIL PERSONNEL SERVICES

Special Services and Special Education resources can be found in the booklet, 62,000 Children, No Two Alike, published by the Omaha Public School Pupil Personnel Services, 1968.

Teamwork between the Department of Pupil Personnel Services is a continuous process and exchange. This teamwork is necessary to help each individual student attain an education.

A. Psychological Services are available to students with learning and behavioral problems. The psychologist does testing of students and guidance and counseling with the parent and teacher. Nurses are to complete the medical history on the referral for psychological testing before the test.

B. Guidance Services are available in the junior and senior high schools. The counselor is available to consult with student, parent, teacher or other special personnel.

C. Visiting Teachers are the liason between the school, home, and community agencies.

D. Speech Therapists work closely with the nurse. In many cases they share the same office. The speech therapist works with those students who have difficulty in communication.

E. A Resource Teacher for the Acoustically Handicapped student is available.

The teacher equips the acoustically handicapped with the necessary skills to function in the classroom.

F. A Resource Teacher for the Visually Handicapped student is available. The teacher works with the blind and partially sighted student. A Sight Center program has been developed for pre-school age students. The teacher helps the child, teacher, and family adjust to the school.

G. Community Aides help to better relationships between the school and the community.

PROCEDURE TO FOLLOW IN CASE OF AN ANIMAL BITE

A. When a student is bitten by an animal in the classroom, the following procedure is followed.

1. The school nurse is notified.
2. The parents of the student are notified and are encouraged to contact their family doctor for further treatment. A tetanus inoculation may be indicated.
3. An accident report is made.

B. There is always the possibility of rabies, so the animal is to be observed for ten days at the school. If it should die, place the body in a paper bag and refrigerate -- but, do not freeze. Call the Board of Health, who in turn will pick up the animal and test for rabies.

C. If the child is carrying insurance for school connected accidents, this also should be noted. Usually, the medical expense may be cared for by the insurance.

GLASSES FUND

Financial aid is available if needed through the Glasses Fund (form M-33). If a family is registered at one of the University Clinics, the eye examination is to be done there and the prescription filled through Modern Eye Wear Optical Company. If a needy family can afford a private ophthalmologist, the eye examination is done by the physician and the prescription taken to Modern Eye Wear. The eye examination must be done by an ophthalmologist in order to qualify for the funds available.

C & Y (643) will pay for the examination and the glasses. This must be done through the University Clinic and Creighton Clinic and the prescription filled through Kindy Optical Company or where the Clinic designates.

CLOSING OF SCHOOL

A. Top Desk Drawer

  1. Up-to-date list of handicap students and their grade.
  2. List of known defects that should be checked for correction.
  3. List of new grade 7 pupils who did not get physicals in the Spring. (Junior High, only.)
  4. Work sheet with fall kindergarten names (M-53) (elementary only).

B. Collect all first aid boxes, clean, replenish, and store in health office.

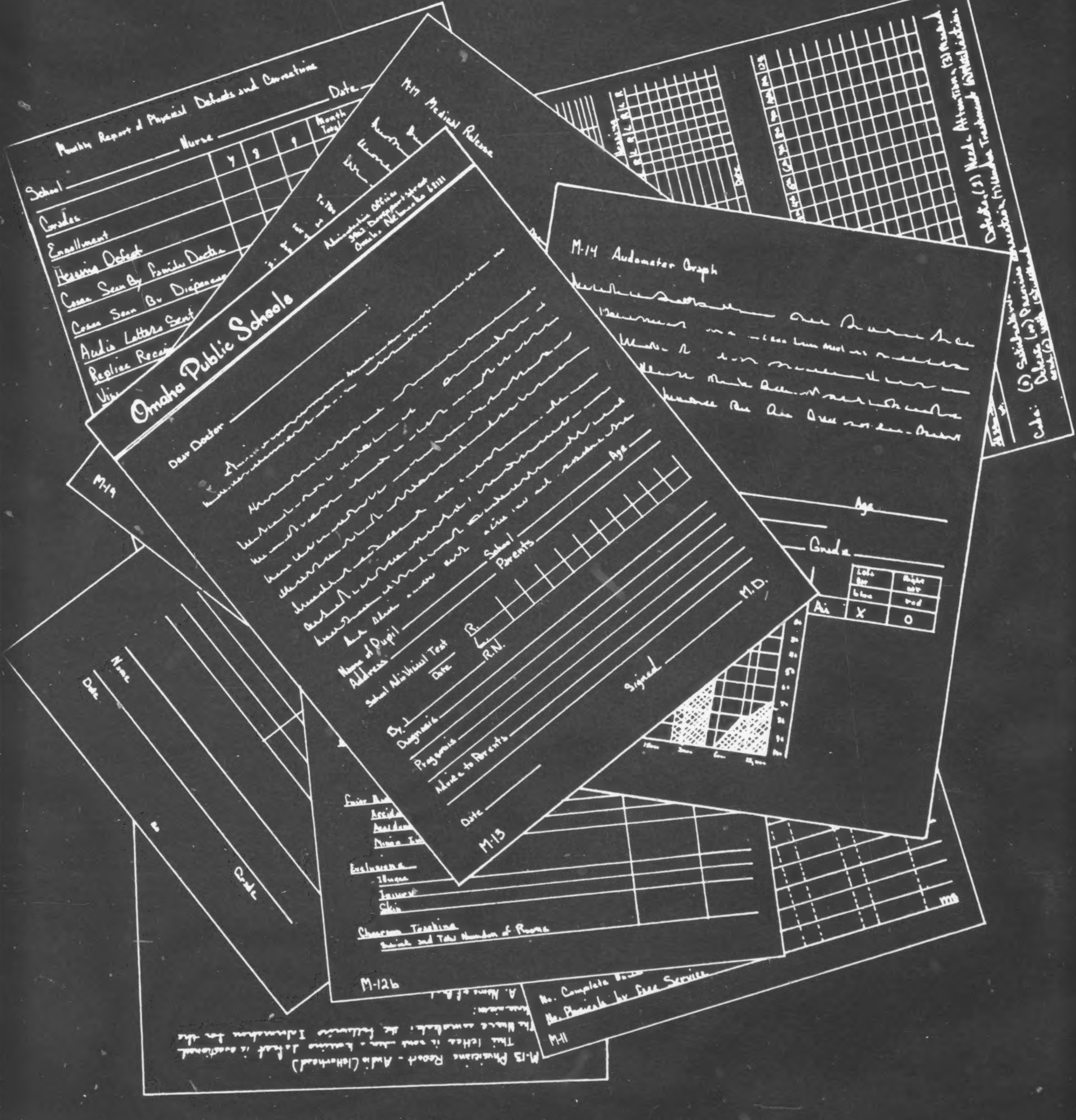
C. Clean shelves and desk drawers.

D. All linen laundered, wrapped and stored in locked closet.

E. Cover mattress and pillows with brown wrapping paper.

F. All personal items should be taken home. Leave the nurse's office as if you were not returning in the fall.

PART III - Forms Used in Health Services


Monthly Report of Physical Defects and Corrective
Nurse
Date
School
Grades
Enrollment
Hearing Defect
Cases Seen By Family Doctor
Cases Seen By Dispensary
Audio Letters Sent
Replies Received
M-17 Medical Release
Omaha Public Schools
Administration Offices
3902 Davenport Street
Omaha, Nebraska 68131
Dear Doctor
Name of Pupil
Address
School
Parents
Age
School Adio-Visual Test
Date
R.N.
By
Diagnosis
Prognosis
Advice to Parents
Date
Signed
M.D.
M-13
M-14 Audometer Graph
Age
Grade
Left Ear
Right Ear
blue
red
Air
X
O
Code: (1) Satisfactory (2) Needs Attention (3) Needs Defect
M-19
Date
Name
Grade
Exclusions
Illness
Injury
Skin
Classroom Teaching
M-12b
No. Complete
No. Physicals by Free Service
M-11
M-15 Physicians Report - Audio (Letterhead)

M-1 PERMANENT HEALTH RECORD CARD

A health card is maintained for every student enrolled. This card should be accessible to the faculty for reference on request. The health card is placed in the cumulative folder and sent by the teacher when the student leaves a school. Only kindergarten students transferring to a non-public school may have their cumulative folder and health card sent to the school they will attend.

The heading of the health card is made out for each kindergarten student and each new student in grades 1 through 6 by the teacher. The remainder of the information is filled in by the nurse upon physical inspection. The health card is completed for grades 7 through 12 by the nurse.

Current information should be recorded accurately so that the health card is a functional tool in appraisal of the student. Only pertinent and accurate information should be recorded. All recordings should be signed by the nurse.

					R. Y. W. C.	
Surname	First	Middle	Sex	Birthdate		School (in pencil)

(in pencil)
Address

(in pencil)
Telephone

FAMILY DATA

Father's Name	Other Children	Birth		Birth
Occupation				
Mother's Name				
Occupation			Clinics	
Family Doctor				
Family Dentist				

HISTORY

	Date		Date		Date		Date
Chicken Pox		Rheumatic Fever		Allergy		Operations	
Measles		Heart Disease		Asthma			
German Measles		Pertussis		T. B. Contact			
Mumps						Tonsillectomy	
Diphtheria						Serious Injury	

PREVENTIVE CONTROL MEASURES

						HEARING							
	Date		Date			L	R	L	R	L	R	L	R
Small Pox		Polio (Salk)											
D. P. T.													
D. P. T. Booster													
Schick		Polio (Sabin)											
		Polio Booster											
		Tuberculin											
		Chest X-ray											
		Measles			Date								

MEDICAL EXAMINATION OR NURSE INSPECTION

	HEAD START	Kdg.	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Date														
Eyes														
Rt. s̄ glasses														
Lt. s̄ glasses														
Rt. c̄ glasses														
Lt. c̄ glasses														
Rt. ear														
Lt. ear														
Teeth														
Gums														
Nose														
Throat														
Lymph														
Skin & Scalp														
Posture														
Heart														
Lungs														
Nutrition														
1st. Sem.—Ht.														
Wt.														
2nd Sem.—Ht.														
Wt.														

Code: (0) Satisfactory, (1) Slight defect, (2) Needs attention, (3) Marked defects, (00) Previous correction, (T) Under treatment, (N) Notification sent, (c) with, (s) without.

Date	REMARKS	Dental Cards

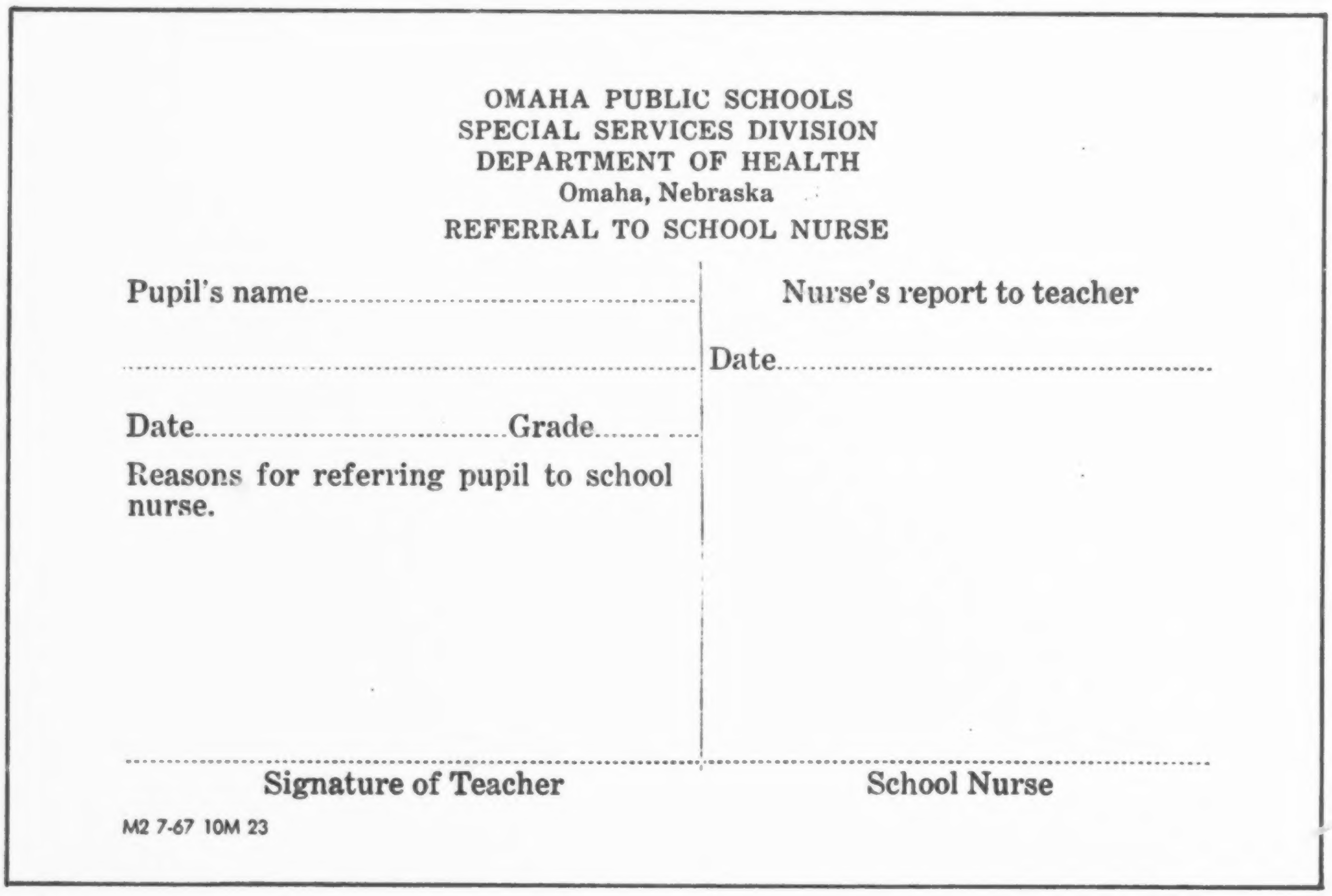
Omaha Public Schools. Special Services Division, Health Service Department — Health Record of Pupil. Note: **All conditions** recorded from Nurse's Inspection are to be interpreted as defects suspected only.

OMAHA PUBLIC SCHOOLS
HEALTH RECORD

M1-10-66-40M 375

M-2 PUPILS REFERRED TO NURSE

This form is an intercommunication form for the teacher and nurse. The teacher should use this form when she wishes to refer a student to the nurse for a health problem. The nurse returns the form to the teacher with her findings and recommendations.



OMAHA PUBLIC SCHOOLS
SPECIAL SERVICES DIVISION
DEPARTMENT OF HEALTH
Omaha, Nebraska
REFERRAL TO SCHOOL NURSE

Pupil's name..

....

Date.................................Grade.............

Reasons for referring pupil to school nurse.

....
Signature of Teacher

Nurse's report to teacher

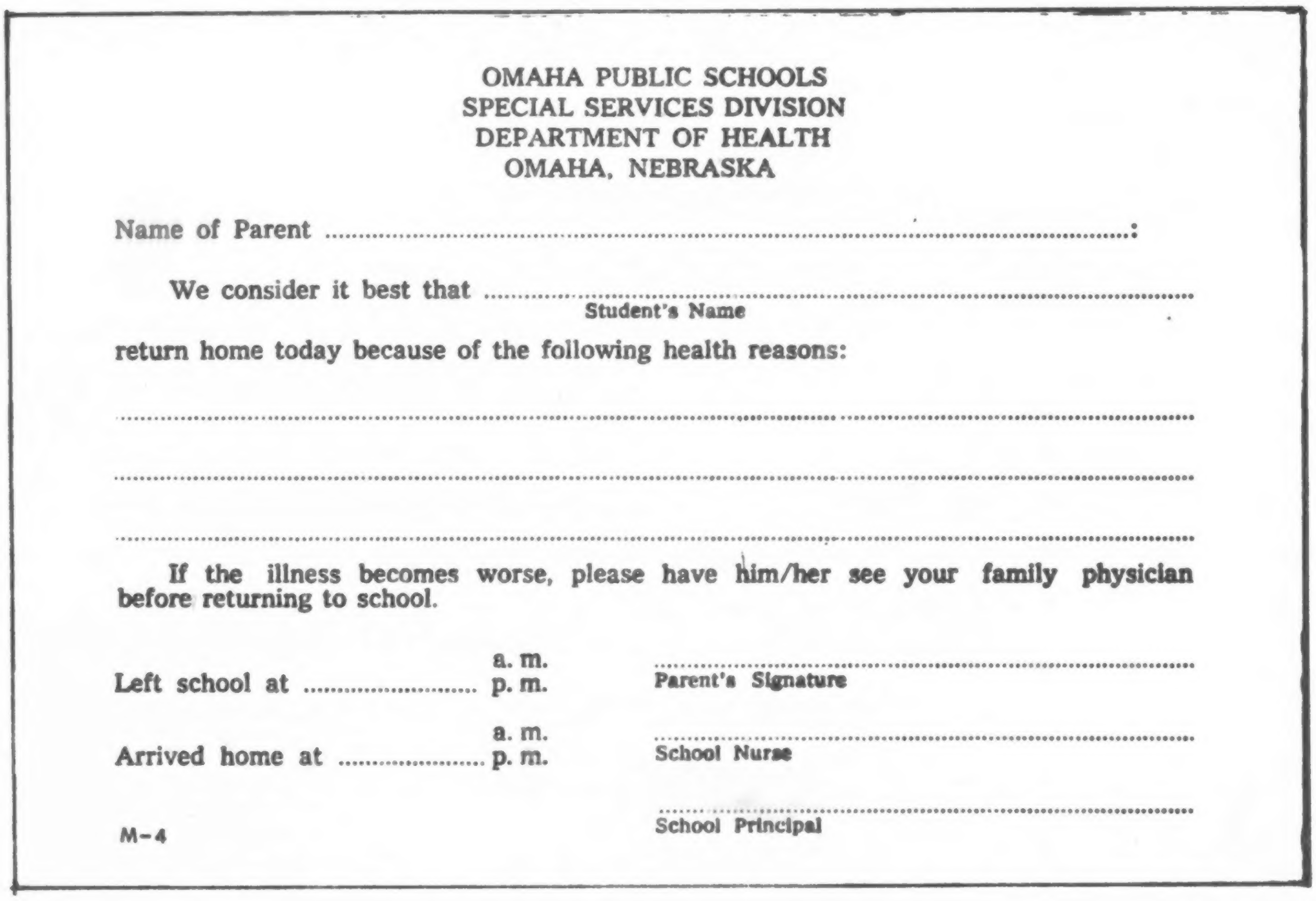
Date...

....
School Nurse

M2 7-67 10M 23

M-3 EXCLUDED AND EXCUSED FOR HEALTH REASONS

This form is used by the nurse when dismissing a child from school for illness or contagion. A duplicate of this is retained by the nurse for follow-up.



OMAHA PUBLIC SCHOOLS
SPECIAL SERVICES DIVISION
DEPARTMENT OF HEALTH
OMAHA, NEBRASKA

Name of Parent ....:

We consider it best that ....
Student's Name

return home today because of the following health reasons:

....

....

....

If the illness becomes worse, please have him/her see your family physician before returning to school.

Left school at .... a. m. / p. m.

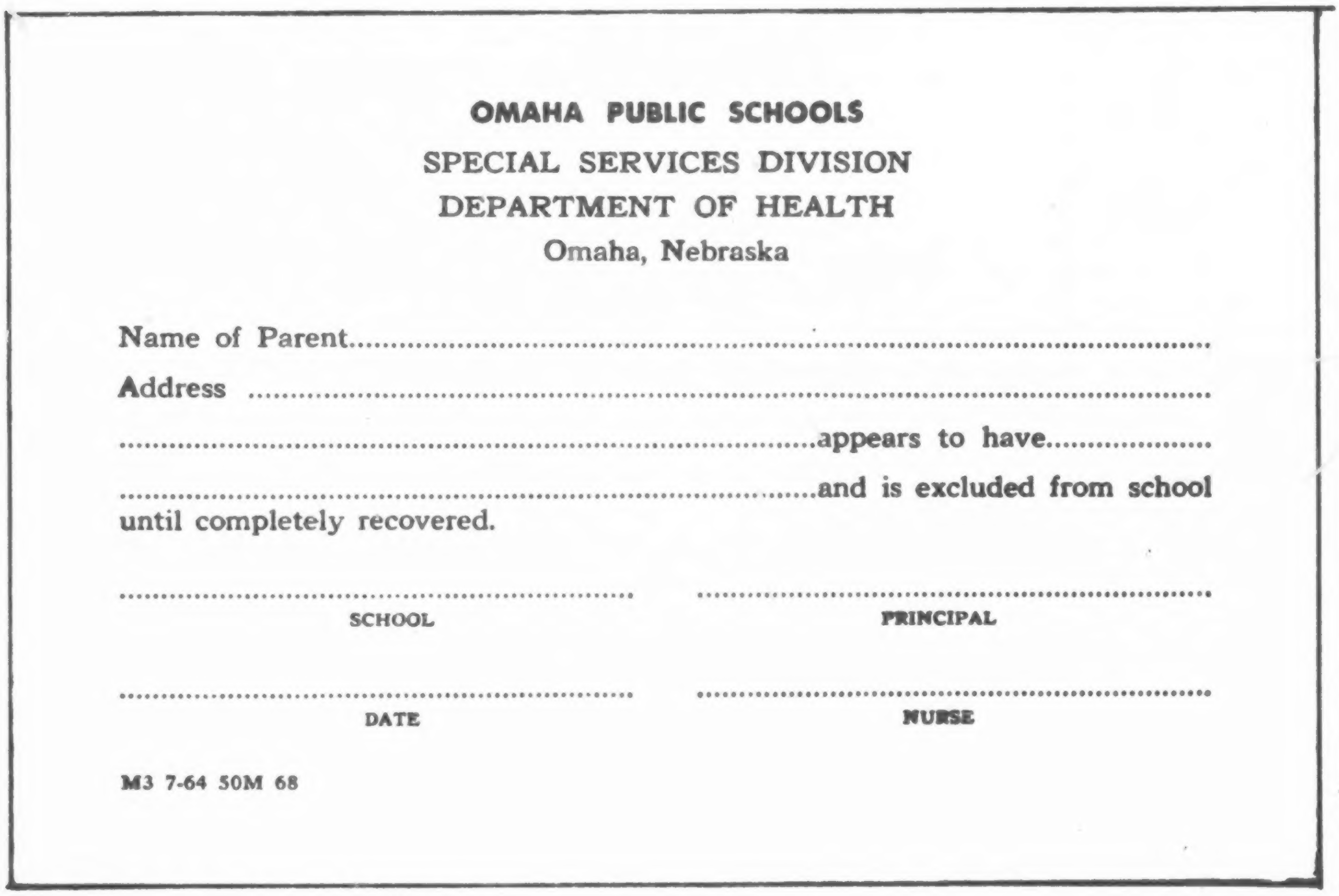
....
Parent's Signature

Arrived home at .... a. m. / p. m.

....
School Nurse

....
School Principal

M-4



OMAHA PUBLIC SCHOOLS
SPECIAL SERVICES DIVISION
DEPARTMENT OF HEALTH
Omaha, Nebraska

Name of Parent..

Address ....

....appears to have..................

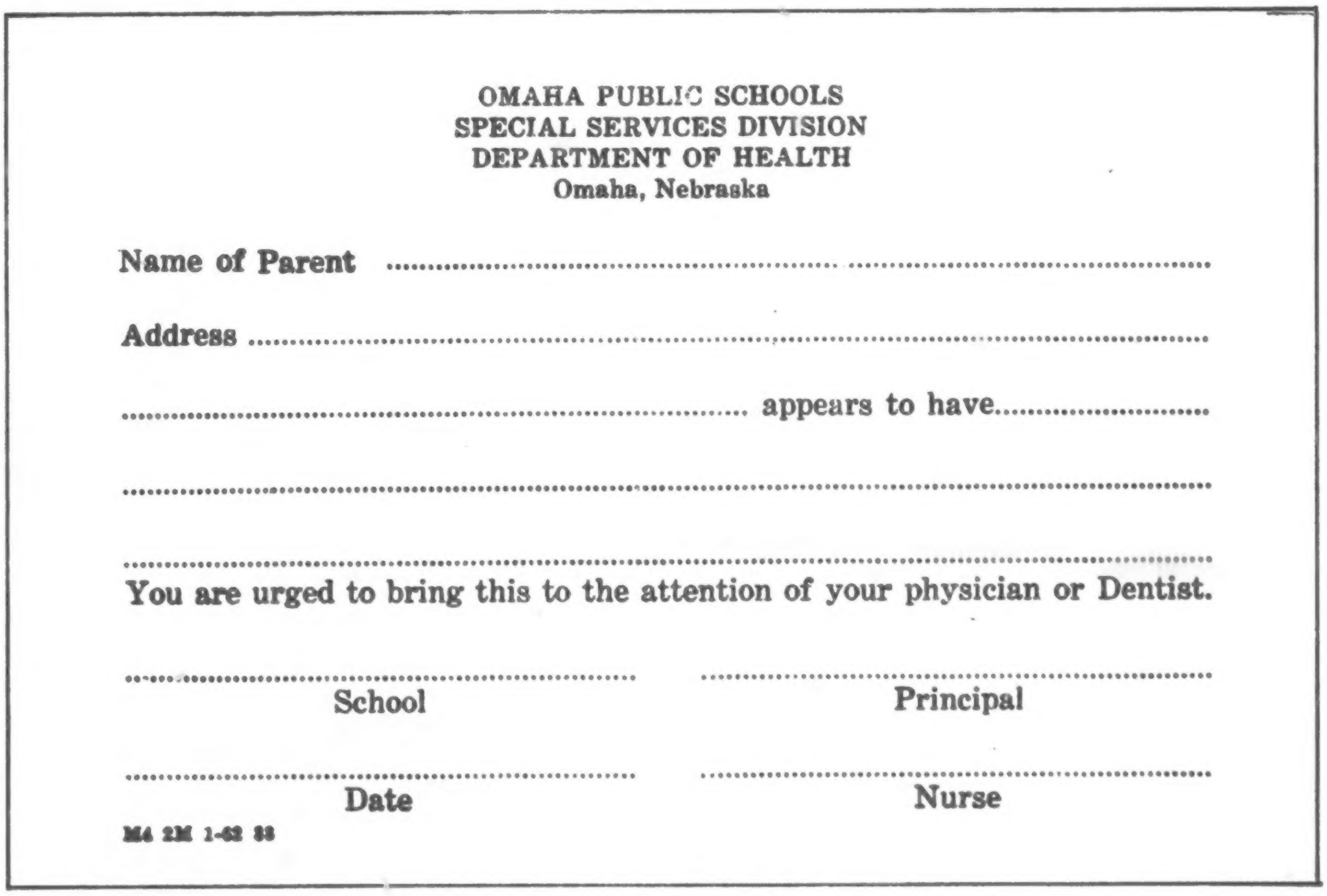
....and is excluded from school until completely recovered.

.... SCHOOL	.... PRINCIPAL
.... DATE	.... NURSE

M3 7-64 50M 68

M-4 NOTIFICATION OF DEFECT

The parent of a child who has an apparent vision defect, hearing defect, or who needs medical or dental attention, receives a notice of the defect. A duplicate is kept by the nurse for follow-up.



OMAHA PUBLIC SCHOOLS
SPECIAL SERVICES DIVISION
DEPARTMENT OF HEALTH
Omaha, Nebraska

Name of Parent ....

Address ....

.... appears to have ....

....

....

You are urged to bring this to the attention of your physician or Dentist.

.... School

.... Principal

.... Date

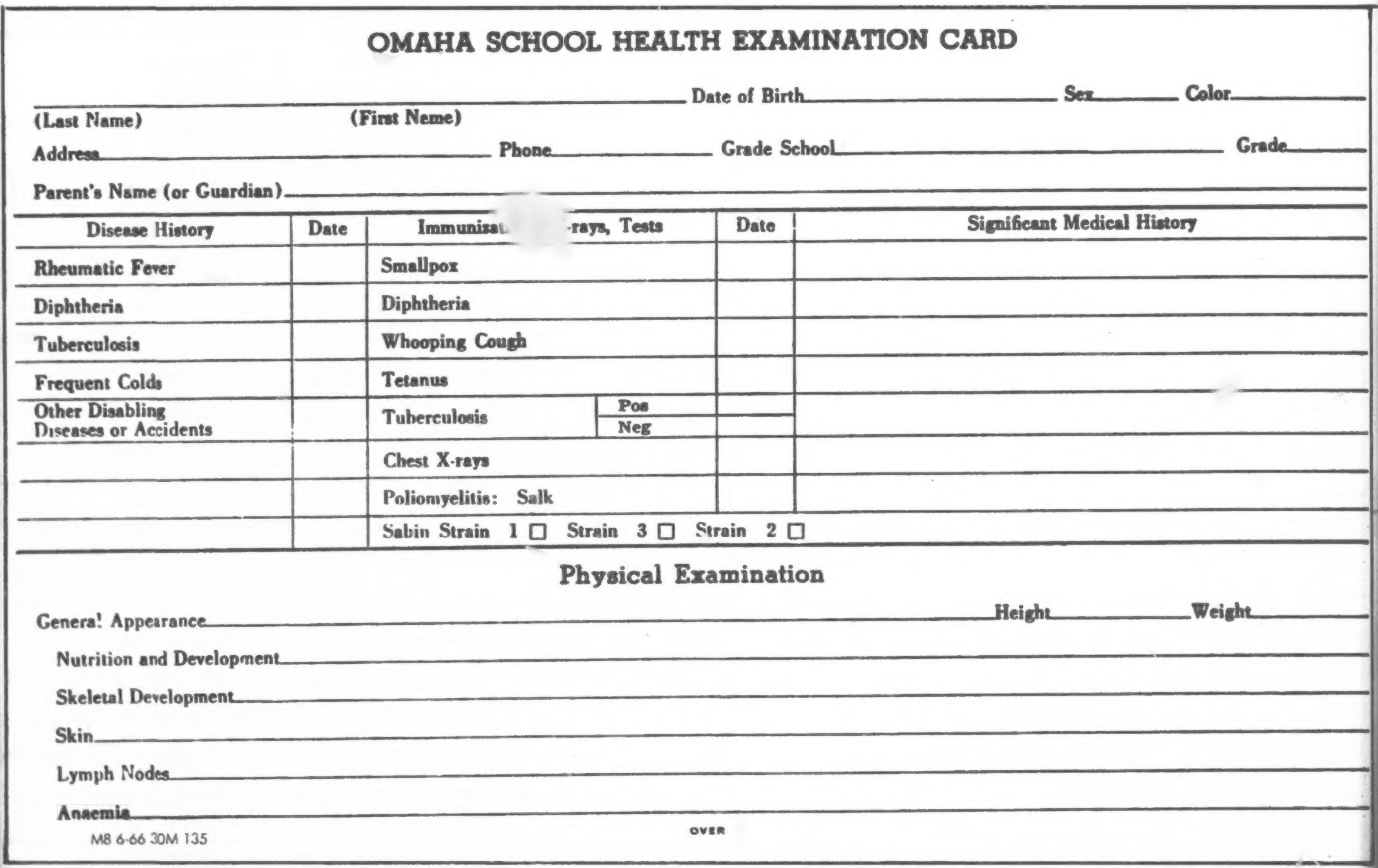
.... Nurse

M4 2M 1-62 88

M-8 PHYSICAL EXAMINATION REPORT

The physical examination card is filled out by the physician whenever a physical examination is given. The information on this card is transcribed to the health card (refer to M-1) by the nurse.

Complete physical examinations are requested of the student at the grade levels of kindergarten, sixth, ninth, and at least once during high school.



OMAHA SCHOOL HEALTH EXAMINATION CARD

(Last Name) (First Name) Date of Birth Sex Color

Address Phone Grade School Grade

Parent's Name (or Guardian)

Disease History	Date	Immunizat[illegible]-rays, Tests		Date	Significant Medical History
Rheumatic Fever		Smallpox			
Diphtheria		Diphtheria			
Tuberculosis		Whooping Cough			
Frequent Colds		Tetanus			
Other Disabling Diseases or Accidents		Tuberculosis	Pos Neg		
		Chest X-rays			
		Poliomyelitis: Salk			
		Sabin Strain 1 ☐ Strain 3 ☐ Strain 2 ☐			

Physical Examination

General Appearance Height Weight

Nutrition and Development

Skeletal Development

Skin

Lymph Nodes

Anaemia

M8 6-66 30M 135

OVER

Last Name First Name

PHYSICAL EXAMINATION (Cont'd)

HEAD	Scalp		Right	Left
		1. Without Correction		
	Eyes	Vision 2. With Correction		
	Ears	Hearing		
	Nose			
	Mouth			
	Teeth and gums	Tonsils		
	Speech defect	Throat		
NECK	Thyroid			
CHEST	Heart Size Rate Rhythm B. P.			
	Lungs			
ABDOMEN	Viscera	Hernia		
EXTREMITIES	Upper	Lower		
NEUROLOGICAL				
URINALYSIS				
RECOMMENDATIONS	Physical activity—Unrestricted Moderate Minimum			
	Remarks and suggestions			

Date of Exam.

☐ CUD ☐ VNA
☐ UND ☐ Private Physician

Signature of Examining Physician

M-9 COMMUNICABLE DISEASE INFORMATION

The communicable disease information sheet is sent to the parents for information. This is sent to all kindergarten parents and to all new students' parents. The form is returned to the nurse. She transcribes the information to the health card (refer to M-1).

NAME OF PUPIL ______________________________ GRADE ________________

SCHOOL ____

TO PARENT OR GUARDIAN: In order to protect your child and to plan well for his school activities, the school needs full information about his health history and his present physical condition. This information will become part of his permanent health record and will be used by the school nurse and by his teacher. Will you kindly fill out this sheet and return it to the school?

____
Signature of Nurse

---

1. State year when your child had any of the following: Chicken Pox __________ Mumps __________
   German Measles __________ Scarlet Fever __________ Measles __________ Other __________
   Poliomyelitis __________

2. Has your child ever been exposed to tuberculosis? __________ When? __________

3. State year when your child was:
   1st vaccinated against smallpox __________ Revaccinated __________
   1st immunized against **diphtheria, whooping cough and tetanus** __________
   Booster shots against " " " " __________
   Immunized against Polio (by shot) __________ __________ __________
   Immunized against Polio (by mouth) Strain 1: __________ Strain 3: __________ Strain 2: __________
   Measle Vaccine __________ Mumps __________
   Other Immunizations __________

4. Has your child ever had a serious illness? If so, what? __________

5. Has your child ever had an operation? If so, what? __________

6. Has your child any physical condition or handicap about which the school should know in order to protect him?
   If so, please state what it is. __________

____
Signature of Parent or Guardian

____
Date

8

MONTHLY REPORTS

M-10 Elementary

M-11 Senior High

M-12 Junior High

A monthly report of each school's activity is required. Reports are made in duplicate, one to be retained in the school and one to be sent to the Supervisor of Health Services.

The reports are due the first Friday of each month. No monthly reports are required for June.

On the back of page one, list the following:

1. Home visits
2. Audio letters (dear doctor) sent and for whom.
3. Community Agency referrals.

It is advisable to keep on the nurse's copy a cumulative total of defects, corrections, vision and audio tests, etc., by grade. See final reports for clarification.

School ____________________

NURSE'S MONTHLY REPORT

Nurse ________________________ Enrollment ________________________ Date ____________

	Kdg.	1	2	3	4	5	6	Month Total	Year Total
Complete Inspection Includes Vision									
Vision Test Only									
Audiometric Test									
HEALTH CONFERENCE									
Principal									
Teacher									
Parent at Home									
at School									
by Telephone									
Pupils									
Others									
PUPILS VISIT TO NURSE									
Absentees Screened									
Teacher Referred									
Principal Referred									
Parent Request									
Pupils Request									
Nurses Request									
Child Study Referrals									
Summer School Referrals									
WEIGH AND MEASURE									
AGENCY REFERRALS									
PARENT NOTIFICATION									
Medical Care									
Dental Care									
Personal Hygiene									
FIRST AID									
Accident									
Injury									
EXCLUSIONS									
Illness									
Injury									
Skin									
Pediculosis									
Ringworm of Scalp									
Personal Hygiene									
CLASSROOM VISITS									
Inspections (pupils)									
Teaching (by grade) Total number of Rooms									

M-10

MONTHLY REPORT OF PHYSICAL DEFECTS AND CORRECTIONS

School ____________________ Nurse ____________________________ Date ____________

	Kdg.	1	2	3	4	5	6	Month Total	Year Total
Enrollment									
Hearing Defects									
Cases seen by Family Doctor									
Cases seen by Specialist									
Cases seen by Dispensary									
Audio Letters Sent									
Replies Received									
Vision Defects									
Glasses Fitted (1st)									
By Optometrist									
By Ophthalmo.									
Re-examination									
by Optometrist									
by Ophthalmo.									
Glasses not recommended									
by Optometrist									
by Ophthalmo.									
Number of uncorrected Vision Defects									
(First Card) Dental Corrections									
(Second Card) Dental Corrections									
Made Visit but no Certificate of Completion									
Orthodontic (Record only once)									
Nose & Throat Defects									
Corrections by Family Doctor									
Corrections by Free Service									
Number of Complete Physical Exams									
Number of Physicals by Free Service									

M-10

NURSE'S MONTHLY REPORT

School ______________

Nurse ______________ Enrollment ______________ Date ______________

	9	10	11	12	Month Total	Year Total
Complete Inspection Includes Vision						
Vision Test Only						
Audiometric Test						
HEALTH CONFERENCE						
Principal						
Teacher						
Pupil						
Parent at Home						
at School						
by Telephone						
Counselor						
Others at School						
by Telephone						
at Office						
PUPIL VISITING NURSE						
Absentees Screened						
Teacher Referred						
Counselor Referred						
Parent Request						
Nurse's Request						
Pupil's Request						
Child Study Referral						
Summer School Referral						
Weigh and Measure						
PARENT NOTIFICATION						
Medical Care						
Dental Care						
Referred to Community Agency						
FIRST AID AND ACCIDENTS						
Accidents at School						
Accidents Outside of School						
Minor Injury						
EXCLUSIONS						
Illness						
Injury						
Skin						
CLASSROOM TEACHING						
Subjects and Grades:						

MONTHLY REPORT OF PHYSICAL DEFECTS AND CORRECTIONS

School____________________________ Nurse ______________________ Date _______

	9	10	11	12	Month Total	Year Total
Membership						
Hearing Defects.						
Cases Seen by Family Doctor.						
Cases Seen by Specialist.						
Cases Seen at Dispensary						
Cases Seen at Diagnostic Clinic.						
Audio Letter Sent						
Replies Received						
Vision Defects						
Glasses Fitted (1st Time)						
by Ophthalmologist						
by Optometrist.						
Re-examinations						
by Ophthalmologist						
by Optometrist.						
Glasses Not Recommended.						
by Ophthalmologist						
by Optometrist.						
Number of Uncorrected Vision Defects .						
Dental Corrections (one card).						
Dental Corrections (two cards)						
Made Visit but No Certificate of Completion.						
Orthodonic (record only once)						
Nose and Throat Defects.						
Corrected by Family Doctor						
Correction by Free Service.						
Number Complete Physical Exams . . .						
Number Physicals by Free Service . . .						

M-11

Page 1

NURSE'S MONTHLY REPORT

Nurse ______________ Enrollment ______ Date ______ School ________

	7	8	9	Month Total	Year Total
Complete Inspection includes Vision					
Vision Test Only					
Audiometric Test					
HEALTH CONFERENCE					
Principal					
Teacher					
Pupil					
Parent at Home					
at School					
by Telephone					
Counselor					
Others at School					
by Telephone					
at Office					
PUPIL VISIT TO NURSE					
Absentees Screened					
Teacher Referred					
Counselor Referred					
Parent Request					
Nurse's Request					
Child Study Referral					
Summer School Referral					
Pupil Request					
WEIGH AND MEASURE					
PARENT NOTIFICATION					
Dental Care					
Medical Care					
Referred to Community Agency					
FIRST AID AND ACCIDENTS					
Accidents at School					
Accidents outside of School					
Minor Injury					
EXCLUSIONS					
Illness					
Injury					
Skin					
CLASSROOM TEACHING					
Subjects and Total Number of Rooms					

M-128

MONTHLY REPORT OF PHYSICAL DEFECTS AND CORRECTIONS

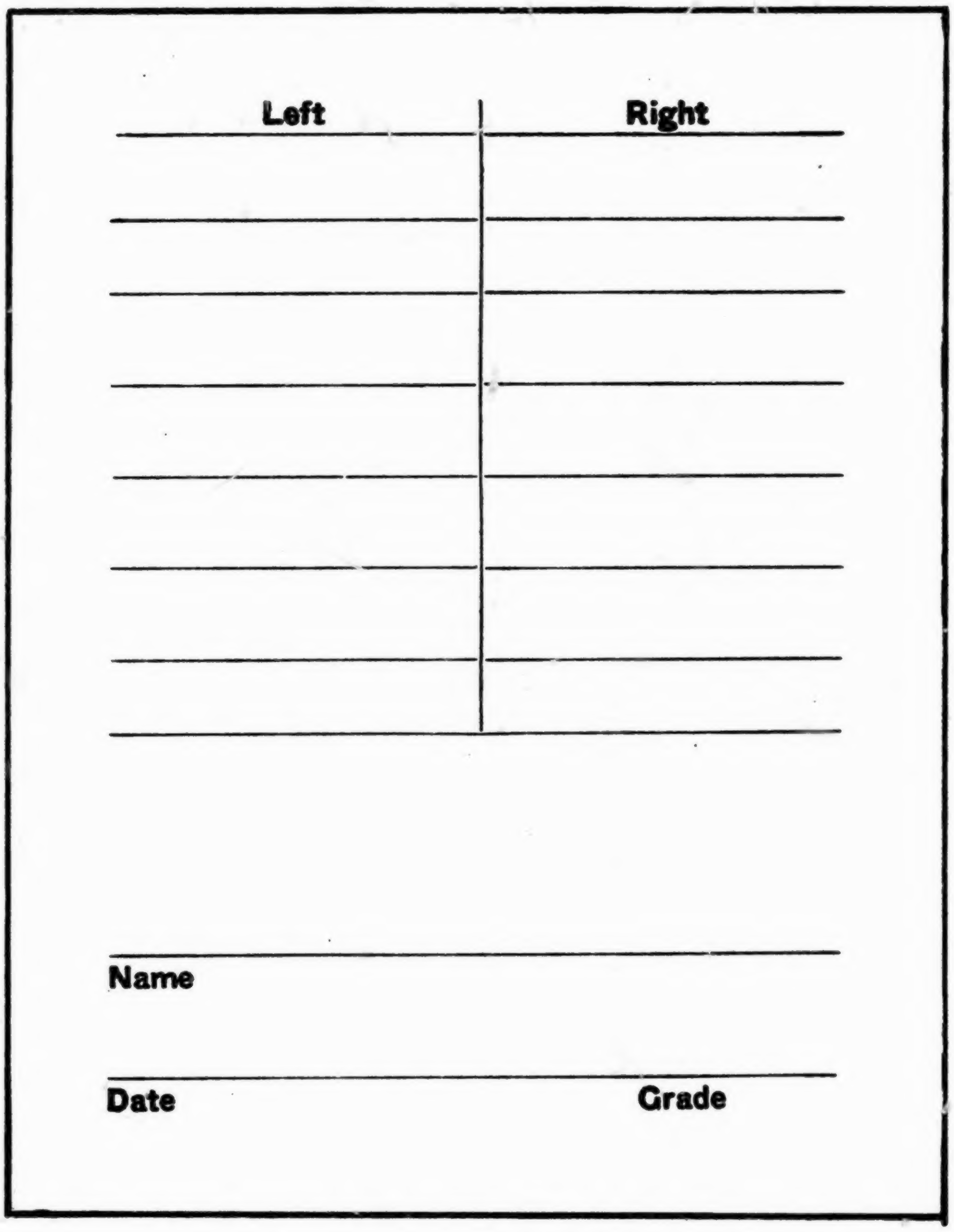
School ____________________ Nurse ______________________________ Date ____

Grades:	7	8	9	Month Total	Year Total
Enrollment					
Hearing Defects					
Cases Seen by Family Doctor					
Cases Seen by Specialist					
Cases Seen by Dispensary					
Audio Letters Sent					
Replies Received					
Vision Defects					
Glasses Fitted (1st Time)					
by Ophthalmologist					
by Optometrist					
Re-examinations					
by Ophthalmologist					
by Optometrist					
Glasses Not Recommended					
by Ophthalmologist					
by Optometrist					
Number of Uncorrected Vision Defects					
Dental Corrections (One Card)					
Dental Corrections (two Cards)					
Made Visit - No Certificate of Completion					
Orthodontic (record only once)					
Nose & Throat Defects					
Corrected by Family Doctor					
Corrected by Free Service					
Number Complete Physical Exams					
Number Physicals by Free Service					

M-12

AUDIOMETRIC TESTING WORKSHEET

Each nurse will receive a supply of audiometric testing worksheets upon request. This worksheet is used when there is some deviation from normal. The child is tested two times before it is classified as an apparent defect. The nurse can use the worksheet to compate the two tests.



Left	**Right**

Name

Date **Grade**

M-13 PHYSICIANS REPORT - AUDIO (letterhead)

This letter is sent when a hearing defect is questioned. The nurse completes the following information for the physician:

A. Name of pupil

B. Address

C. School

D. Age

E. Parents

F. School Audio Test

G. Graph

H. School Nurse

I. List decibels at which test was conducted

After the physician has seen the student and a diagnosis has been made, the letter is then returned to Health Services and the school nurse.

Dear Doctor ____________________:

The Omaha Public Schools have referred this student to you as the result of audiometric tests in screening for hearing defects.

All third, sixth, and eighth grade children are given routine audiometic checks by the school nurse. Children not in these grades who are suspected of having hearing losses are also tested. Any child, who as the result of this testing, seems to have a hearing loss is referred to the physician of the family's choice. Speech therapy, lip reading and additional help with amplifiers is available for students for whom such a recommendation is made.

Any advice you can give us in providing help or follow-up will be appreciated.

Name of Pupil ______________________ School ________________ Age __________

Address __________________________ Parents __________________________

School Audio Test __________
(date)

by ______________________
R. N.

R.										
L.										

Diagnosis ____

____

Prognosis ____

____

Advice to Parents ____

____

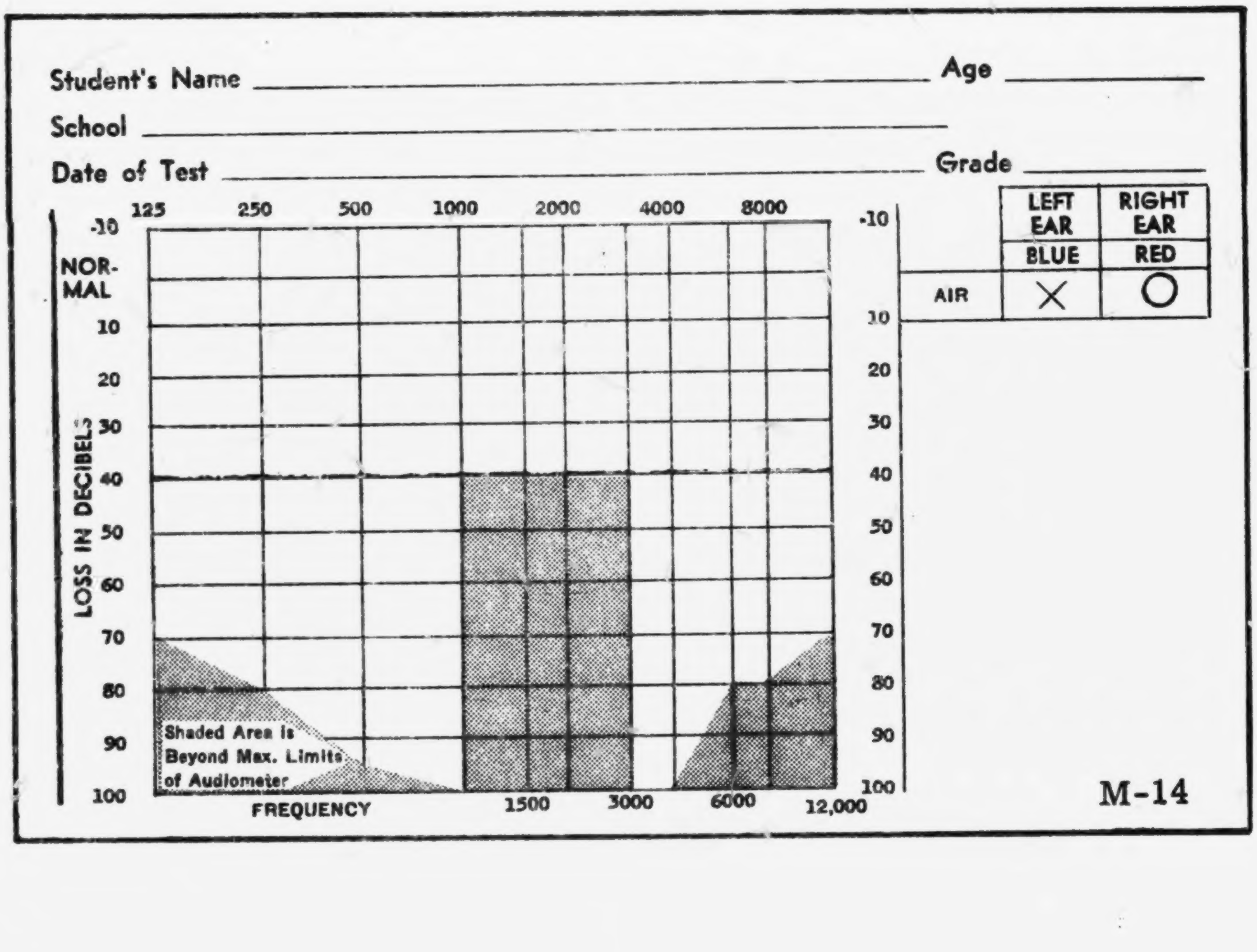
Date ____________________ Signed ____________________________
M. D.

Please return this blank to Don Warner, Assistant Superintendent, Department of Special Services, 3902 Davenport, Omaha, Nebraska.

M-13

M-14 AUDIOMETER GRAPH

Audiograms are made following auidometric tests on all apparent defects. A copy is submitted to the Supervisor of Health Services. Indicate at what decibel the test was conducted. A letter (see form M-13) is given to the parent to present to the doctor he chooses to consult. Upon the return of the doctor's letter, a second audiogram is sent to the Supervisor of Health Services with the diagnosis, prognosis, and advice to the school and parents.


125
250
500
1000
2000
4000
8000
-10
NOR-MAL
10
20
30
40
50
60
70
80
90
100
LOSS IN DECIBELS
Shaded Area is Beyond Max. Limits of Audiometer
FREQUENCY
1500
3000
6000
12,000

Student's Name ______________________ Age __________

School ______________________

Date of Test ______________________ Grade __________

	LEFT EAR	RIGHT EAR
	BLUE	RED
AIR	×	○

M-14

M-17 MEDICAL INFORMATION RELEASE

When a child is seen and followed by the Nebraska Psychiatric Institute, many times information from this source is helpful to the school. This form is signed by the parent for the release of this information on his child. The form is sent to the Supervisor of Health Services who requests the information from N. P. I.

This information is confidential. Do not place in cumulative folder!

DEPARTMENT OF HEALTH SERVICES

OMAHA PUBLIC SCHOOLS

To the Nebraska Psychiatric Institute:

I hereby authorize the Nebraska Psychiatric Institute to release all pertinent information regarding the studies done on ______________________________ which would be of help in making school adjustment.

SIGNED ______________________

WITNESS ______________________

DATE ______________________

M-17

INTER-AGENCY COMMUNICATION FORM

This form is used by the University of Nebraska College of Medicine as a communication form to other agencies. The heading is filled out completely. The reason for referral is stated. The form is then submitted to the Supervisor of Health Services. She submits the form to the University of Nebraska College of Medicine to obtain the needed information.

After the nurse has recorded on the health card the desired information, the form should be initialed and returned to the Supervisor of Health Services.

This is confidential information and must be treated as such! Do not place in cumulative folder.

Submit all three copies, (gold and 2 white) to the Supervisor of Health Services.

INTER-AGENCY COMMUNICATION FORM

(CONFIDENTIAL INFORMATION)

INTER-AGENCY COMMUNICATION

DATE__________

PATIENT__________

ADDRESS__________

AGE_____ S M W D SEP. TEL. NO._____

RECORD NUMBER_____ (UNH) _____ (DCAB) _____ (Other)

HEAD OF HOUSEHOLD__________

FROM__________ (Agency and Department)

ADDRESS__________

TEL. NO._____ EXT._____

REPLY REQUESTED _____ YES _____ NO

TO__________

ADDRESS__________

REASON FOR REFERRAL:

__________ Signature

DATE__________

__________ Signature

DIRECTIONS: 1. Gold copy is kept by initiator. 2. First white copy is kept by recipient. 3. Second white copy is returned to initiator for permanent record in place of gold copy.

M-28 C. U. D. REQUEST FOR INFORMATION

This release is used to request information from Creighton University Dispensary. Many times the information is helpful to the school when a child is being followed by the dispensary. The form is signed by the parent to release information about his child to the school. The form is sent to the Supervisor of Health Services who requests the information from Creighton University Dispensary.

To Creighton University Medical Dispensary:

My permission is hereby granted to release medical information concerning my child, ______________________________, to the Omaha Public School Health Service.

____
Parent Signature

____
Date

____
Dispensary Number

____
School Nurse

M-28
8/65

M-19 ADDITIONS TO LIST OF HANDICAPPED CHILDREN

Each handicapped child is to be reported on form M-19 and sent to the Supervisor of Health Services. The form is then submitted to census. Each year census makes a composite list of handicapped children for each school. This list should then be compared to the previous listing.

If a child's handicap is corrected, he should no longer be classified as handicapped. The same form is used for removal. The heading is simply changed to "Removal from List of Handicapped Children". This is again sent to the Supervisor of Health Services.

Indicate on the health card (M-1) the date and reason a student was suggested for the handicap list. On the right hand corner of the health card, in a small red circle, with pencil, indicate the number of the handicap. If a student is removed from the handicap list, indicate this by date on form M-1.

ADDITIONS TO LIST OF HANDICAPPED CHILDREN

Child's Name____
First Last

Parent's Name____

Address____

Birthdate____________________ School____________________

Handicap____________________

Description or Diagnosis:

7/63 1,000
M-19

Nurse____________________

M-46 HANDICAP CLASSIFICATIONS

This listing provides a guide for classifying the handicap and the code number. The code numbers are used on the health card, and on the master listing from Census.

HANDICAP CLASSIFICATIONS

10. Blind - 20/200 vision in best eye with correction.
11. Visually handicapped - 20/200 or less vision in best eye with correction.
12. No Vision in one eye.
13. Severe strabismus (cross-eyed).
14. Nystagmus (lateral jerking eye movement).
15. Myopia (near sighted).
16. Hypermetropic (far sighted).
17. Vision handicap - not classified.

20. Crippled - wheel chair or bed patient.
21. Amputee - leg, arm, hands.
23. Post polio.
24. Scoliosis.
25. Spinabifida.
26. Osteomyelitis.
27. Muscular dystrophy.
28. Other.
29. Cleft palate.

30. Deaf.
31. Hearing Aid.
32. Deaf in one ear.
33. Severe hearing loss - 50 decibles in best ear (no aid.)
34. Moderate hearing loss - 35 decibles in best ear.
35. Slight hearing loss - 25 decibles in best ear.

40. Mental - below 45 I.Q.
41. Mental - between 45 - 65 I.Q.
42. Mental - between 65 - 80 I.Q.
43. Mongoloid - cretin, endocrine disturbance.
44. Microcephalic.
45. Hydrocephalic - below 75 I.Q.

50. Epilepsy - gran mal uncontrolled.
51. Epilepsy - gran mal controlled - few seizures.
52. Epilepsy - gran mal controlled - no seizures.
53. Epilepsy - petit mal uncontrolled.
54. Epilepsy - petit mal moderate - few seizures.
55. Epilepsy - petit mal controlled - no seizures.

60. Cardiac - complete restriction.
61. Cardiac - moderate restriction.
62. Cardiac - restricted by patient.
69. Rheumatic fever.

70. Cerebral palsy with extreme multiple handicap.
71. Cerebral palsy with severe vision loss.
72. Cerebral palsy with extreme crippling.
73. Cerebral palsy with extreme hearing loss.
74. Cerebral palsy with mental retardation as major handicap.
75. Cerebral palsy - mild.

80. Diabetic
81. Asthmatic - severe.
82. Severe allergy.
83. Hemophiliac.

90. Perthes.
91. Luekemia.
92. Nephritis.
93. Chorea.
94. Rheumetoid arthritis.
98. Other.
99. Emotionally disturbed.

M-20 TEACHERS MONTHLY REPORT FOR NURSE

All elementary classroom teachers and all junior high core teachers are given this monthly form. The teacher fills out available, accurate information. This information is transcribed to the health card (M-1) to maintain a functional, up-to-date record.

TEACHER'S REPORT FOR NURSE

Please write in names of all who have had any of the following. This will be circulated monthly. Include date and doctor whenever possible.

CONTAGION

BROKEN BONES

OPERATIONS

SHOTS

HOSPITAL VISITS

GLASSES (changed or new)

DENTAL VISITS

OTHER MEDICAL ATTENTION

Teacher ____________________

Grade ____________________

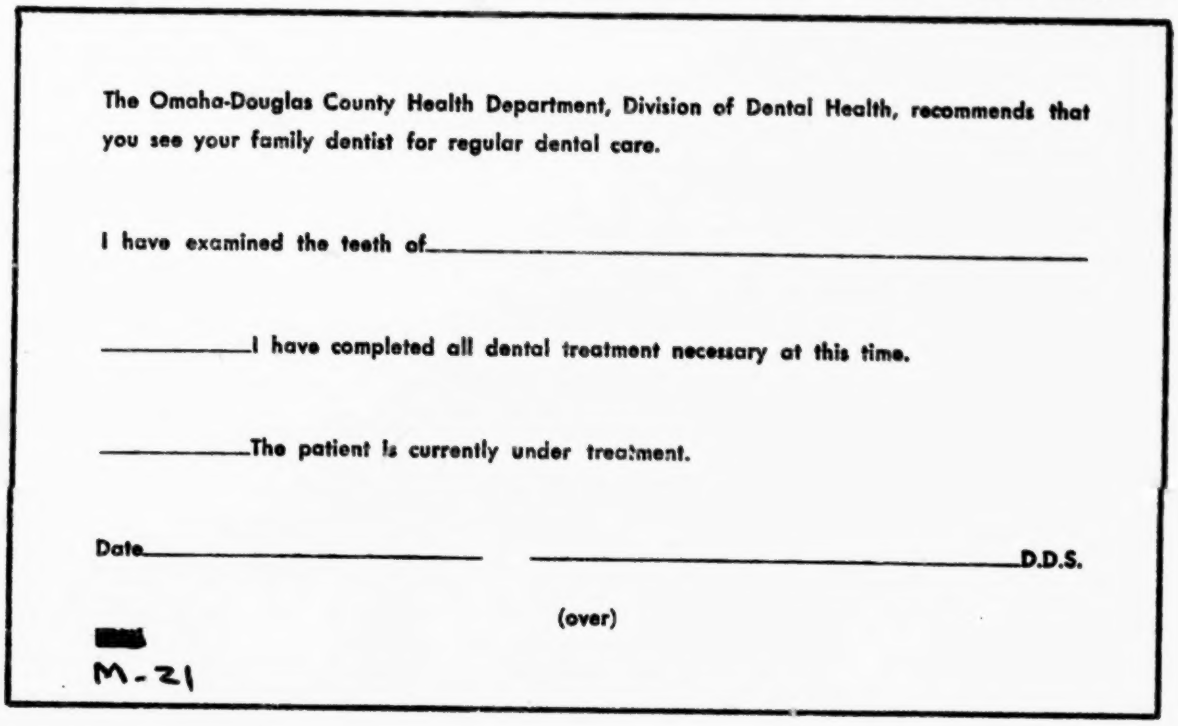
Room ____________________

M-20

M-21 DENTAL CERTIFICATE

A dental certificate is sent with each child when he has a dental appointment. Each student is encouraged to bring at least one dental certificate yearly. Dental cards are always given to students at the kindergarten, sixth, ninth, and eleventh grade levels.

Nurses may send a dental card home with the first report card.



The Omaha-Douglas County Health Department, Division of Dental Health, recommends that you see your family dentist for regular dental care.

I have examined the teeth of________________________________

__________I have completed all dental treatment necessary at this time.

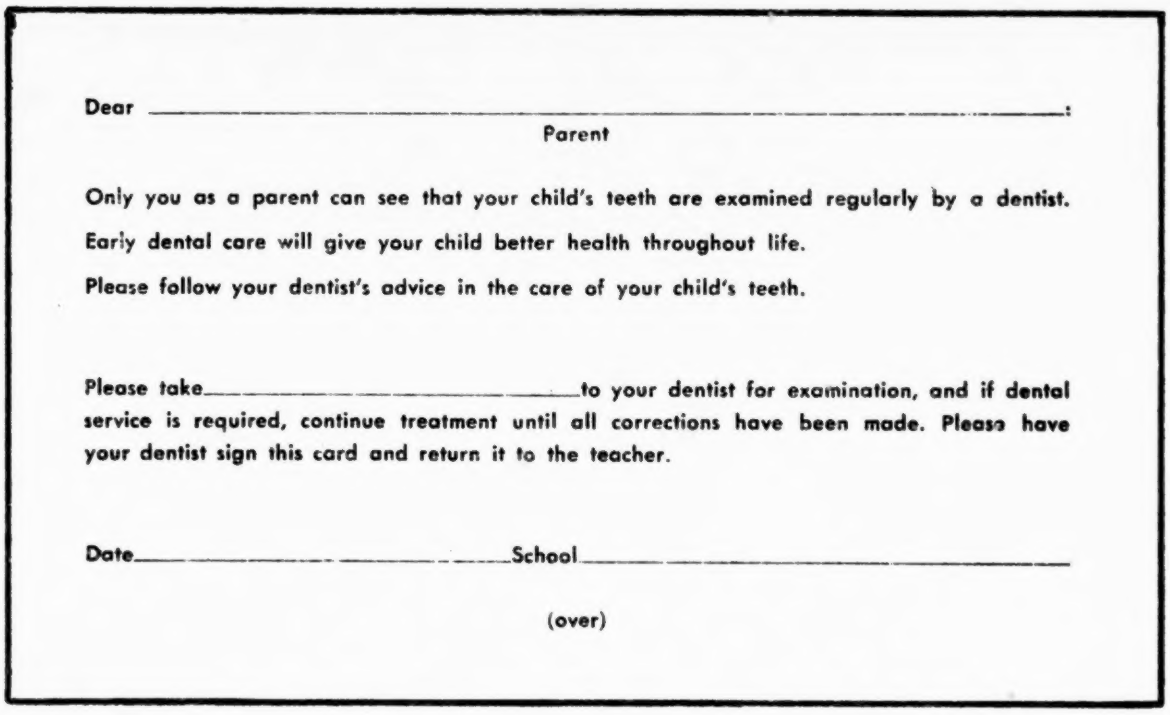
__________The patient is currently under treatment.

Date__________________ ________________________D.D.S.

(over)

[redacted]

M-21



Dear ______________________________________:
Parent

Only you as a parent can see that your child's teeth are examined regularly by a dentist.
Early dental care will give your child better health throughout life.
Please follow your dentist's advice in the care of your child's teeth.

Please take______________________to your dentist for examination, and if dental service is required, continue treatment until all corrections have been made. Please have your dentist sign this card and return it to the teacher.

Date__________________School______________________

(over)

M-23 SUMMER CORRECTION FORM

When the nurse conducts room inspections in September, the Summer Correction form (M-23) is given to all kindergarten, first, second, and third grade students. The form is given to fourth, fifth, and sixth grade students if the students say they have received medical or dental care during the summer. This information is helpful in learning of previously known defects which have been corrected.

WANTED TO KNOW WHAT HAPPENED THIS SUMMER

Dear Parent:

Did your child have any corrections during this SUMMER VACATION? This information will be recorded on the permanent health record card.

Eyes: Fitted with Glasses ____________________

Name of Doctor ____________________

Ears: Name of Doctor ____________________

Reason ____________________

Teeth: Name of Dentist ____________________

Type of Work ____________________

Is work completed? ____________________

Vaccinations or immunizations THIS SUMMER:

Smallpox ____________
Diphtheria, Tetanus, Whooping Cough ____________
Poliomyelitis ____________
Measles ____________ Mumps ____________
Other: List any other operations or medical care your child received THIS SUMMER.

____

____

CHILD'S NAME ____________________

GRADE ____________

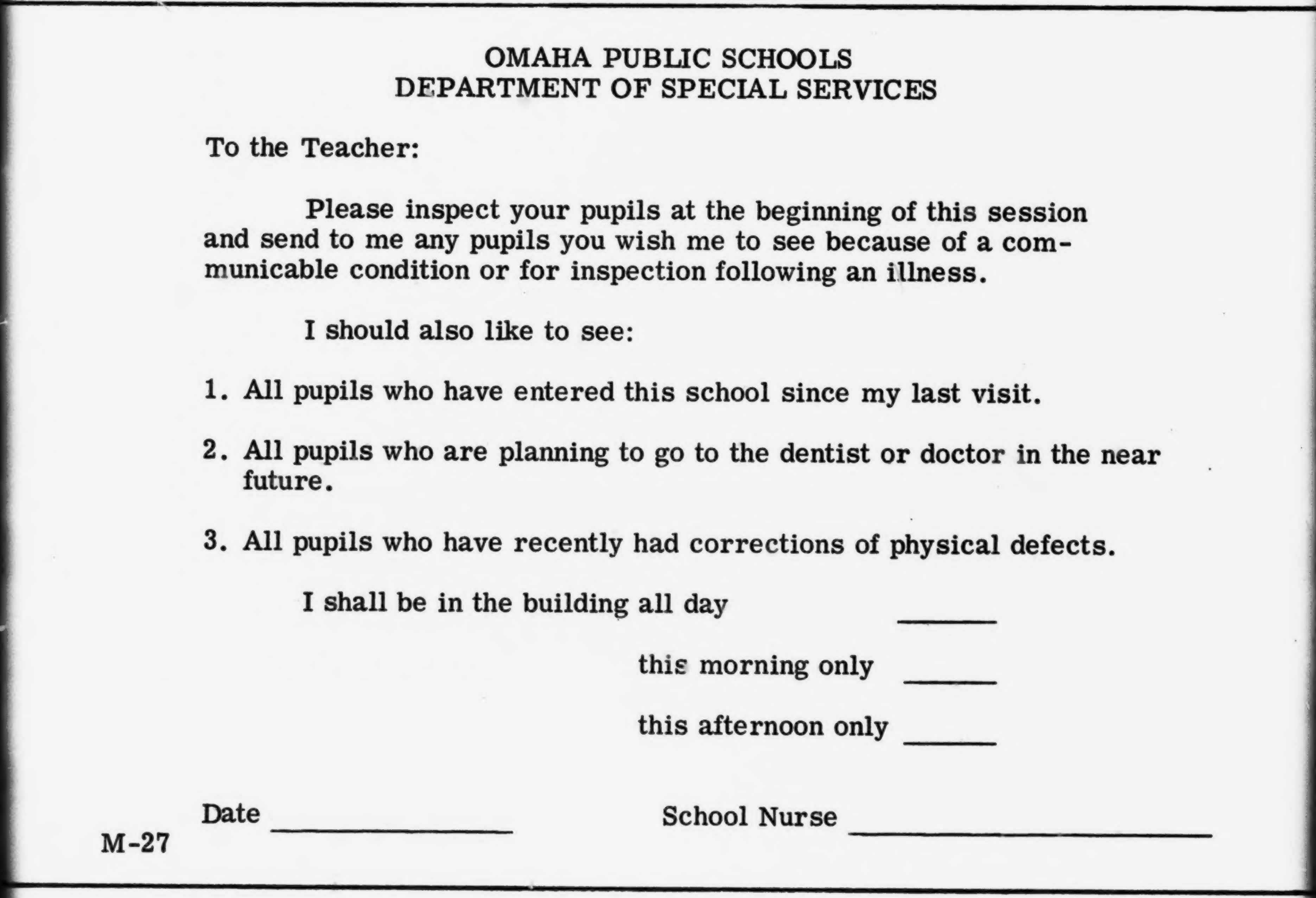
Your School Nurse

OMAHA PUBLIC SCHOOLS
DIVISION OF SPECIAL SERVICES
DEPARTMENT OF HEALTH SERVICES

M-23

M-27 DAILY INSPECTION SHEET TO TEACHERS

This is an intercommunication form for teachers and the nurse. The elementary nurse sends the form each time she is in the building to remind the teacher to send her students who need inspection or follow-up. This helps the nurse move the traffic from her office so that routine procedures may be performed.



OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

To the Teacher:

Please inspect your pupils at the beginning of this session and send to me any pupils you wish me to see because of a communicable condition or for inspection following an illness.

I should also like to see:

1. All pupils who have entered this school since my last visit.
2. All pupils who are planning to go to the dentist or doctor in the near future.
3. All pupils who have recently had corrections of physical defects.

I shall be in the building all day ______

this morning only ______

this afternoon only ______

Date ______________ School Nurse ____________________

M-27

M-33 APPLICATION FOR FREE GLASSES

This application is sent to the Assistant Superintendent of Schools in charge of Special Services requesting free glasses. The application is filled out by the nurse and signed by the principal. After the request is granted or rejected, the nurse is notified so that other follow-up can be made.

The family must be unable financially to obtain the glasses, and must go to an ophthalmologist and the prescription be filled by Modern Eye Wear Company.

Parents are encouraged to pay for the glasses, a small amount at a time when they are able. The money is paid to the school nurse who returns it to the Glasses Fund.

APPLICATION FOR GLASSES

Name of Child ______________________ Age _____ School ____________

Vision Test __________ R __________ L

Other Children

Name	Age

Date of Application ____________

Dispensary ____________

Price ____________

Amount to be paid by family ________

Amount to be paid by fund ________

Father's Name ______________ Mother's Name ______________

Address ______________

Family Income (Give in full detail - sources of income - names of employers - approximate length of time employed in present situation - or length of time unemployed, etc.)

____

____

____

____

____

____

Other items regarding child or family ______________________

____

____

____

____

____

Signed ______________
Principal

Signed ______________
School Nurse

Signed ______________
Director of Special Services

M-33

M-34 APPLICATION FOR HEARING AID

This form requests a hearing aid for a deprived student. The application is filled in by the nurse, signed by the principal and sent to the Assistant Superintendent of Schools in charge of Special Services. After the request is granted or rejected, the nurse is notified so that other follow-up can be made.

Parents are encouraged to help pay for the hearing aid, a small amount if they are able.

APPLICATION FOR HEARING AID

Name of Child ______________________ Age ______ School ______________

Audiometer test given ________
(date)

	128	256	512	1024	2048	4096	8192
R							
L							

Date of Application ______________
Dispensary ______________
Price ______________
Amount to be paid by family ________
Amount to be paid by fund ________

Other Children

Name	Age

Father's Name ______________ Mother's Name ______________

Address ______________________________________

Family Income (Give in full detail - sources of income - names of employers - approximate length of time employed in present position - or length of time unemployed, etc.)

____

____

____

____

Other items regarding child or family ______________________

____

____

____

____

Signed ______________________
Principal

Signed ______________________
School Nurse

Signed ______________________
Director of Special Services

M-34

M-40 TEACHER-NURSE GUIDE

The guide is given to all new elementary and junior high teachers in the schools to inform the teacher of the nurse's duties, the ways in which the teacher can help in the health program, and to improve nurse-teacher working relationships.

OMAHA PUBLIC SCHOOLS

DEPARTMENT OF HEALTH SERVICES

A Guide for Teacher-Nurse Relationship in the School Health Program.

The duties of the nurse:

1. Classroom inspections as needed.
2. Physical inspections on all pupils in the first, third, fifth, and seventh grades each school year; also referrals and pupils new to the system. A physical inspection consists of a general all over health picture plus a dental, throat and vision screening.
3. Weighing and measuring of all students in October and March.
4. Audiometer tests are given each year to specified grades plus teach referral.
5. Screening and making dental appointments for the school dental dispensary.
6. Traffic should be taken care of between 9:00 and 9:30 A.M. and 1:00 and 1:30 P.M. This is to eliminate interruptions for both teacher and nurse. Emergencies as they occur.
7. The nurse is liason officer between home and school on health matters.
8. Conferences between nurse and teacher may be arranged when convenient for both.

How a teacher helps in the health program:

1. A HEALTH CARD FOR EVERY PUPIL.
2. Knowledge of the health policies as listed in the Handbook, pages 73-80.
3. Cooperation in the sending and returning of information slips sent by nurse with pupils.
4. Notification to the nurse when any child has had a contagious disease, vaccination or immunization. Dental, hearing and vision corrections, also physical examinations by physicians, surgical operations and injuries should be reported.

M-40

M-43 MAXIMUM INCOME - DENTAL CLINIC

The maximum income sheet is a guideline to the nurse when determining eligibility for the Omaha-Douglas County Health Department dental clinic.

The maximum income you may have to receive dental care in the Omaha-Douglas County Health Department Clinic is as follows:

1 in a family	$ 1,600	7 in a family	$ 4,900
2 in a family	2,100	8 in a family	5,400
3 in a family	2,600	9 in a family	5,900
4 in a family	3,300	10 in a family	6,400
5 in a family	3,900	11 in a family	6,900
6 in a family	4,400	12 in a family	7,400
		13 in a family	7,900

The income you list on the application care for care will be checked with your employer. If your income is over the amount stated and there are circumstances which you feel would qualify your child for care, please list these reasons on the back of your application.

If you are not eligible at this time, and at some future date circumstances change, your child will be reconsidered for dental care.

H. J. Wegener, D.D.S., M.P.H.
Chief
Division of Dental Health
Omaha-Douglas County Health Department

M-43

THE OMAHA-DOUGLAS COUNTY DENTAL CLINIC

The Omaha-Douglas County Dental Clinic is located at the County Hospital. See form M-43 for eligibility.

See form DH-3 for application for dental care. The application is filled out by the parent and returned to the nurse who checks the information and sends it to the Health Service Office (South Annex). Parents are notified of the appointment date by the O.D.C.D.C.

Families who are on Aid to Dependent Children (ADC) are referred to their case worker, and may be cared for by a private dentist or at the O.D.C.D.C.

It is possible to obtain emergency treatment by telephoning. Emergency treatment is usually done after 8:30 a.m. and at 1:30 p.m. It is important to indicate to the dentist if the student has any physical defects.

A yellow card (M-21) will be returned to you and is recorded as free service.

APPLICATION FORM FOR DENTAL CARE
Omaha-Douglas County Health Department Dental Clinic

I Hereby Request that

Name of Patient..
(Last) (First)

Address..

Telephone..

Aid to Dependent Children: Yes.............. No..............

DCAB Number 28-..

School..

Birth Date..

Physician (Private)..

Creighton Clinic (#)..

Nebraska Clinic (#)..

be registered in the Omaha-Douglas County Health Department Dental Clinic and I authorize all dental procedures indicated for the above-mentioned patient, including cleaning, X-Rays, fluoride applications, local anesthesia, minor oral surgery, extractions and fillings.

Father's Name in Full..

Employed by..

Address..

Mother's Name in Full..

Employed by..

Address..

Total family members dependent upon this income..

	Gross	**Take Home**
Monthly Income	....	....
Monthly Income	....	....
ADC Monthly Income	....	....
Total Income	....	....

Date..Signed..

Father, Mother or Guardian (Indicate Which)

Clinic Use Only

Accepted..............................

Not Accepted..............................

Date..............................

REFERRED BY..

circle source Public VNA Direct

Appointment date..

— over —

Time..

M-44 COMMUNICABLE DISEASE CONTROL

A suggestion sheet is sent to the teacher to assist the teacher in protecting her classroom from exposure to communicable disease.

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

COMMUNICABLE DISEASE CONTROL

Some Suggestions For The Classroom Teacher

The following suggestions, if carefully followed, will greatly assist in protecting your classroom from exposure to communicable disease and will help to prevent its spread through the community.

1. Establish the policy of encouraging children to remain at home on the first day of actual illness and to avoid any contact with other children until the nature of the illness is known.

2. Inspect all pupils returning after absence and inquire into the cause of absence before permitting them to be with other pupils.

3. Inspect all pupils in your classroom at the beginning of each session to determine the health status of individual pupils. This inspection should take only a few minutes. A quick glance at each pupil in turn, paying particular attention to the face, eyes, and the exposed areas of the skin and the general appearance of the pupil should tell whether or not the pupil is in his usual state of health. A teacher should know the usual appearance of her pupils so she easily recognizes any condition that is not normal for that particular child. She does not need to attempt to identify the illness. No ill child should be kept in the group.

4. Any pupil who exhibits any symptoms of illness or communicable disease as listed below should be sent to the principal or nurse for further observation and exclusion, if necessary.

    a. Eruption, rash, or sores of any kind.
    b. Nausea or vomiting
    c. Coughing or sneezing
    d. Nasal discharge
    e. Red or watery eyes
    f. Sore throat
    g. Headache
    h. Flushed face or unusual pallor
    i. Drowsiness or unusual listlessness

5. Stress habits of behavior that protect oneself and others: frequent washing of hands, especially before eating and after toilet; proper use of drinking fountains; no trading of personal belongings; habit of covering mouth and turning face away from other when coughing or sneezing; correct use of handkerchief.

6. Teach pupils the early symptoms of communicable disease and some of the common ways in which they are transmitted.

7. Encourage pupils to be vaccinated against Smallpox and immunized against Diphtheria and Poliomyelitis.

8. Help parents and pupils to understand the purpose of health regulations as a protection to themselves and their families. Develop a feeling of responsibility on their part to avoid exposing others to communicable disease.

Don Warner
Assistant Superintendent

PD-2

SUMMARY OF RULES AND REGULATIONS RELATING TO THE CONTROL OF COMMUNICABLE DISEASES

Diseases	Incubation Period	Isolation of Case	Regulations of School Age Familial Contacts
Chicken Pox	14 to 21 days	Until communicability ends. Minimum 6 days after onset of skin eruption.	None.
Diphtheria*	2 to 5 days	Until 2 cultures of nose and throat are negative. Cultures to be taken 24 hours apart and at least 5 days after onset, and after antimicrobial therapy has ceased.	May return to school after negative nose and throat cultures by Health Department. Culture to be made after contact has been broken.
German Measles (Rubella)	14 to 21 days	For 2 days after onset of rash.	None.
Infantile Paralysis*	3 to 21 days	7 days from onset or for duration of fever.	None.
Measles*	Usually 10 days	For 5 days after onset of rash.	None.
Meningitis* (Epidemic)	2 to 10 days	Until clinical recovery.	None.
Mumps	12 to 26 days	Until fever and swelling disappear. (Approximately 9 days).	None.
Streptococcal infections,	1 to 3 days	Until discharges cease and communicability ends. Minimum 7 days, or approximately 24 hours after adequate antimicrobial treatment has been instituted.	None.
Smallpox*	7 to 16 days	Until communicability ends. Minimum 21 days.	Quarantine 16 days unless successfully vaccinated immediately following exposure.
Typhoid* Fever	7 to 21 days	Until 3 negative consecutive stool and urine specimens taken 24 hours apart and taken not earlier than one month after onset.	Quarantine foodhandlers until repeat stool and urine cultures are negative or until otherwise released.
Whooping* Cough	7 to 21 days	For three weeks after onset of spasmodic cough.	None.

DISEASES of the SKIN and SCALP. Impetigo - Scabies - Ringworm	To be excluded upon recognition by teacher or nurse. To be re-admitted when there is no longer evidence of contagion and skin is smooth, or upon statement from physician that the condition is not communicable.
Pediculosis	To be excluded when live vermin are present. To prevent recurrence case must be followed up in home and all infected members of the household cleaned up.
Pinkeye	To be excluded until there is no discharge and the eye is normal in appearance.

*The above diseases marked with an asterisk must be reported to the City-County Health Department as soon as the diagnosis is made. Report can be made by telephone 345-9800 ext. 442.

With the exception of diseases of the skin and scalp, The Health Department will assume responsibility for control of case and contacts when diagnosis is made and reported. It is not necessary to have written release for child to re-enter school.

OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT
1201 South 42nd Street - Omaha, Nebraska

THESE RULES AND REGULATIONS REPLACE ALL PRIOR TO THIS DATE - October 1, 1965

M-45 LETTER TO PARENTS, re: BRINGING UP PROTECTION

This letter is sent to the parents by the nurse. It reminds the parents that their child is not adequately protected. The immunizations and vaccinations not up-to-date are checked.

Immunizations and vaccinations are routinely checked on grades 1, 3, 7, 9, and 11, while doing physical inspections.

OMAHA PUBLIC SCHOOLS

Division of Health Services

Dear Parents:

According to our records ______________________________ does not appear to be adequately protected against the following checked diseases. According to the recommendations of the Omaha-Douglas County Health Department and the Omaha Medical Society, Children should be re-vaccinated and immunized every four years. Please consult your family doctor or attend one of the Immunization Clinics.

__________ Diphtheria, whooping cough and tetanus. Date last immunization was received. ______________

__________ Smallpox. Date last vaccination was received. ______________

__________ Polio. Date Salk Polio Series was received. ______________
Booster. ______________. Date Sabin Polio Type I, III, and II were received. ______________.

__________ Measles. ______________.

__________ Mumps. ______________.

The Omaha - Douglas County Immunization Clinics are held weekly at the following locations and dates.

South Omaha City Hall
24th & "O" Streets
Phone: 342-0263
Saturday morning
8:00 a.m. - 11:00 a.m.
Wednesday evening
6:00 - 8:00 p.m.

Clark Street Clinic
22nd & Clark Streets
Phone: 342-7284
Saturday morning
8:00 a.m. - 11:00 a.m.

Sincerely,

School Nurse

Don Warner
Assistant Superintendent
Director of Special Services

4/5/68

M-45

M-52 IN ORDER TO PROVIDE

This is supplied through Special Services and is distributed as the principal desires.

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

Dear Parent:

In order to provide teachers, rooms, and equipment, it is necessary to know every child who is to enter the kindergarten next fall. Will you please help by writing below the names of your children who will be five years old before October 15th.

If you know of other children in this district who will be of age by the above date, will you please add their names and addresses also?

Child's Name ______________________________ Birthdate ____________

Parent's Name ____

Address ______________________________ Phone number ____________

Child's Name ______________________________ Birthdate ____________

Parent's Name ____

Address ______________________________ Phone number ____________

Please return this slip to school promptly. Principal ______________________

M-52 School ______________________

3948

M-50 PRE-SCHOOL PHYSICAL EXAMINATION SUMMARY REPORT

A summary report is completed for each elementary school. This report is completed for kindergarten. It is submitted in the fall after registration is completed. The Supervisor of Health Services gives the dates for completion at the first meeting in the fall.

PRE-SCHOOL PHYSICAL EXAMINATIONS

Summary Report 196 - 196

School ______________________

*Number of pupils entering kindergarten __________

Number of Christian Scientists __________

Number of pupils having medical examinations __________ __________%

By Family Doctor __________

By Free or Part Paid Service __________

Number of Pupils having dental examinations __________ __________%

By Family Dentist __________

By Free or Part Paid Service __________

Total number of pupils vaccinated against smallpox __________ __________%

Number of pupils receiving first vaccination at this time __________ __________%

Number of pupils immunized against diphtheria, pertussis, and tetanus __________ __________%

Number of pupils receiving booster shots at this time __________ __________%

Total number of pupils inoculated against polio __________ __________%

Total number of pupils inoculated against measles __________ __________%

Total number of pupils given tuberculin test or x-ray __________ __________%

*September 30th enrollment

____
Nurse

M-50

M-53 MEDICAN AND DENTAL WORKSHEET

This worksheet is a useful tool for the nurse to use when she is obtaining physical and dental examination cards at the levels of kindergarten, 6th, 8th, 9th, and in high school, if desired.

MEDICAL AND DENTAL EXAMINATIONS WORK SHEET

				MEDICAL		DENTAL		
Name of Pupil	Birthdate	Address	Phone	Family Doctor	Free Service	Family Dentist	Free Service	Follow-up
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Date ____________________   School ______________________________

M-53

M-54, M-55, M-56, M-57, and M-58

Each parent of a student who is about to enter school, or different level of school, receives a letter from the school. M-54, "Will Soon Be Entering School", is sent to parents of a child entering kindergarten.

M-55, "Is Soon To Enter Junior High", is sent to parents of children completing their sixth grade and who will be entering a junior high school.

M-56, "Will Soon Enroll in High School", is sent to parents of children completing their eighth grade and who will be entering a senior high school.

M-57, "Will Soon Move From Junior High to High School", is sent to parents of children completing their ninth grade who will be entering a senior high school.

M-58, "Is Now Enrolled In An Omaha Junior High School", is sent to parents as a reminder that a physical examination has not been done for several years.

The letter provides information for the parent as to how he can protect his child's health during his school years.

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

Date

Dear Parents:

Your child will soon be entering school. This is a most important time in his life. We know that you are interested in doing all you can to insure his success and happiness in school. Good health will make it possible for him to attend regularly and get the most from his school attendance.

Before he begins school, there are three things which every child should have done for the protection of his own health and that of the class which he enters.

First: He should receive a complete examination from his doctor and any medical care the doctor advises. This should be completed before he enters school.

Second: He should be vaccinated against smallpox and immunized against diphtheria, whooping cough, tetanus and poliomyelitis. If these protections were given to your child when he was an infant, ask your doctor about the need for additional protection now.

Third: He should have a dental examination and dental care if needed. It is important to conserve time by having this dental work done during the summer.

We urge you to help your child by giving him this care.

The Parent-Teacher Association and your school are interested in the health of your child and will be glad to assist you in any way possible.

Sincerely yours,

Principal

Health Chairman

Nurse

Owen A. Knutzen
Superintendent of Schools

Don Warner
Assistant Superintendent

M-54

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

____
Date

____
Parent's Name

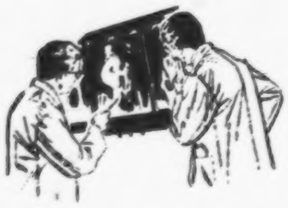
______________________________ is soon to enter junior high school. This is an important step and preparation for the change may increase his chance for success and happiness in this new school.

While most of the students should not have physical problems which will need correction, the routine physical examination is an assurance that your child will be able to participate in the accelerated program of the junior high school without danger to himself.

A thorough physical examination of your child by your family physician is a wise precaution at any time and is particularly desirable at the time he enters junior high school. We urge all sixth grade pupils to take this important precaution before entering junior high school. Success in school may depend upon good health. Increased demands will be made upon your child as a junior high school student. It is important to know that the heart, lungs, kidneys and other organs are functioning normally. Any problem of vision and hearing, teeth, nose and throat, etc. should be cared for before school begins.

An examination blank has been provided for your convenience. When the examination is completed, please have your doctor complete this card and sign it. The card should be returned to the sixth grade teacher as soon as it is completed.

Sincerely yours,



____
Principal

____
Health Chairman

____
School

Don Warner
Assistant Superintendent
Director of Special Services

M-55

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

____
date

Dear Parents:

______________________ will soon enroll in high school. This is an important step and preparation for the change may increase his chance for success and happiness in his new school.

The Omaha Public Schools have a city-wide program to encourage eighth grade students to have complete physical and dental examinations before entering high school. We are pleased to report that this past year 93.77 per cent of the students in the eighth grade had such a physical examination. This is a record of which the parents and teachers can be proud.

We urge that all eighth grade pupils have these important examinations before entering high school. Success in school may depend upon good health. A thorough physical examination of your child by your family doctor is a wise precaution at any time and is particularly desirable at the time he enters high school. Increased demands will be made upon your child as a high school student. It is important to know that the heart, lungs, kidneys, and other organs are functioning normally. Any problems of vision, hearing, teeth, nose and throat, etc., should be cared for before school begins.

An examination blank is provided for your convenience. When the examination is completed, please have your doctor fill in this card and sign it. The card should be returned to the eighth grade teacher as soon as possible.

All public schools in Omaha are joining in this program which is sponsored by the Omaha Council of Parents and Teachers and the Omaha Public Schools.

Sincerely,

Owen A. Knutzen Superintendent	____________________ Principal
Don Warner Assistant Superintendent	____________________ School

M-56

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

____
date

Dear Parents:

____________________ will soon be promoted from junior high school to senior high school. This is the third important milestone in his school career. Upon entering and upon sixth grade graduation to junior high school, the P-TA and the Omaha Public Schools have encouraged complete physical and dental examinations of all children. We know that you know of the success of this program in protecting the health of all of the students and each child. The Omaha Public Schools are proud of the record which has been established.

We now urge that all ninth grade students have these important examinations before high school entrance. There is more and more pressure for achievement both physically and scholastically, and it is important to know that your child is ready for this challenge. Any problem of vision or hearing or dental care should be cared for before high school entrance. It becomes increasingly difficult to make up school absence.

Examination blanks are provided for the use of the doctor and dentist in examining your child. When the examinations are complete, please return this card to the junior high school with your doctor's signature.

Sincerely yours,

____
Principal

____
Health Chairman

____
School

Owen A. Knutzen
Superintendent

Don Warner
Assistant Superintendent

M-57

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

____
date

Dear Parents:

____________________ is now enrolled in junior high school. According to our records he has not had a physical examination recently. Most students entering junior high school have had a complete physical examination and dental examination upon entrance.

A routine examination is a wise precaution at any time, but particularly desirable at this age. Increasing demands upon his strength and abilities will continuously be made and it is important that he is physically able to meet them.

We are enclosing medical and dental cards to be filled in by the doctors of your choice. If you are new to the city, this will give you an opportunity to establish your family with a physician and dentist.

Sincerely yours,

____________________, R.N.

____
Principal

Owen A. Knutzen
Superintendent

Don Warner
Assistant Superintendent

M-58

FINAL REPORTS

The final reports are a summary of the work that has been accomplished by the school nurse for the year. The information is submitted to the Board of Education and the Superintendent of Schools by the Supervisor of Health Services.

Reports are to be completed prior to the last week of school in triplicate. A copy each for:

A. Supervisor of Health Services

B. Principal of the School

C. School nurse's office

A date and time is assigned to the nurse to submit her completed reports to the Supervisor of Health Services.

Preparing the end of the year report is as follows:

A. All figures must be as accurate as possible.

B. Identical information requested on each page must be the same (such as membership).

C. Page M-47 -- In regard to vision, a total of the complete inspections and vision tests only on page 1.

D. Page 2 -- Number of vision defects must total corrected and uncorrected visions. Glasses fitted first time by Ophthalmologist or Optometrist (page 1) must coincide with M-47.

E. Audiometric tests (page 1) and hearing defects (page 2) appear the same on final audiometer testing program. M-48

F. Number of Complete Physical Exams (page 2) includes free service cases, which is again counted on the last line as free service.

G. Vaccination and Immunization (page M-47) balances with page M-49.

The percentage figure and proof of percentage are to be worked on the back of the sheets.

School ____________

NURSE'S MONTHLY REPORT

Nurse ____________ Enrollment 517 Date 6-9-67

	Kdg.	1	2	3	4	5	6	Month Total	Year Total
Complete Inspection Includes Vision	28	97	11	65	7	76	8		292
Vision Test Only	98	2	5	3	9	5	58		180
Audiometric Test	101	102	41	69	9	5	58		385

HEALTH CONFERENCE		
Principal		73
Teacher		77
Parent at Home		157
at School		37
by Telephone		109
Pupils		63
Others		2
PUPILS VISIT TO NURSE		
Absentees Screened		158
Teacher Referred		141
Principal Referred		68
Parent Request		79
Pupils Request		191
Nurses Request		78
Child Study Referrals		31
Summer School Referrals		0
WEIGH AND MEASURE		1071
AGENCY REFERRALS		62
PARENT NOTIFICATION		
Medical Care		45
Dental Care		78
Personal Hygiene		9
FIRST AID		
Accident		1
Injury		145
EXCLUSIONS		
Illness		94
Injury		0
Skin		21
Pediculosis		4
Ringworm of Scalp		7
Personal Hygiene		3
CLASSROOM VISITS		
Inspections (pupils)		1506
Teaching (by grade) Total number of Rooms		16

MONTHLY REPORT OF PHYSICAL DEFECTS AND CORRECTIONS

School ____________ Nurse ____________ Date 6-9-67

	Kdg.	1	2	3	4	5	6	Month Total	Year Total
Enrollment	95	92	83	72	50	71	54		517
Hearing Defects	2	2	0	1	0	0	0		5
Cases seen by Family Doctor	1	0	0	0	0	0	0		1
Cases seen by Specialist	1	0	0	0	0	0	0		1
Cases seen by Dispensary	0	1	0	0	0	0	0		1
Audio Letters Sent	0	1	0	0	0	0	0		1
Replies Received	0	1	0	0	0	0	0		1
Vision Defects	1	2	3	7	2	6	7		28
Glasses Fitted (1st)	1	2	2	6	2	3	6		22
By Optometrist	1	1	1	2	1	2	2		10
By Ophthalmo.	0	1	1	4	1	1	4		12
Re-examination	0	0	0	0	0	2	0		2
by Optometrist	0	0	0	0	0	0	0		0
by Ophthalmo.	0	0	0	0	0	2	0		2
Glasses not recommended	0	0	0	0	0	1	0		1
by Optometrist	0	0	0	0	0	1	0		1
by Ophthalmo.	0	0	0	0	0	0	0		0
Number of uncorrected Vision Defects	0	0	1	1	0	0	1		3
(First Card) Dental Corrections	44	10	4	14	11	5	32		120
(Second Card) Dental Corrections	0	0	0	0	0	0	0		0
Made Visit but no Certificate of Completion	0	2	0	3	0	2	0		7
Orthodontic (Record only once)	0	0	0	0	1	1	0		2
Nose & Throat Defects	1	2	1	0	0	0	0		4
Corrections by Family Doctor	1	2	1	0	0	0	0		4
Corrections by Free Service	0	0	0	0	0	0	0		0
Number of Complete Physical Exams	97	3	1	2	0	0	40		143
Number of Physicals by Free Service	47	1	0	0	0	0	8		56

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

REPORT OF VACCINATIONS AND IMMUNIZATIONS

School ______________________

Grades	Kdg.	1	2	3	4	5	6	Total
Enrollment	95	92	83	72	50	71	54	517
Total number not vaccinated against smallpox	2	0	0	0	1	0	0	3
Vaccinations this year	4	0	0	0	0	0	0	4
Re-vaccinations this year	23	3	1	3	1	1	9	41
Total number not immunized against diphtheria	0	1	0	0	0	0	0	1
First DPT immunization this year	0	0	0	0	0	0	0	0
DPT booster this year	31	3	1	3	0	1	9	48
Innoculations against polio this year (first time)	0	0	0	0	0	0	0	0
Total number not protected against polio-Salk or Sabin	2	2	0	0	0	0	0	4
Total number having measle vaccine	53	51	58	38	27	41	24	292
Total number having mump vaccine								

Nurse ______________________

M-49

AUDIOMETRIC TESTING PROGRAM

School ______________________

Number of Pupils given audiometric Test 385

Number of Pupils not responding normally to test 5

Boys 4 Girls 1

	Otologist	Family Physician	C.U.D.	N.U.D.
A. Number of pupils seen	1	1	1	0
1. Number of pupils not referred for treatment	0	0	1	0
2. Number of pupils recommended for further evaluation	0	0	0	0
3. Total number of operations and treatment advised	1	1	0	0
Advised: a. Use of radium	0	0	0	0
b. Inflation of eustachian tubes	0	0	0	0
c. Speech Therapy	0	0	0	0
d. Lip-reading	0	0	0	0
e. Other treatment	1	1	0	0
B. Total number of pupils receiving further treatment or operations	0	0	0	0

Nurse ______________________

M-48

PHYSICAL EXAMINATION

Summary Report

6th, 8th, 9th Grades

Number of pupils enrolled in 6 grade 54

Number of Christian Scientists 0

Number of pupils having medical examinations 40 74.074 %

By Family Physician 32

By Creighton University Clinic 2

By University of Nebraska Clinic 6

by Offutt and Omaha Boys Club 0

by Other 0

Number of students expecting to have Camp exams 0

Number of students having dental examinations 32 59.259 %

By Family Dentist 27

By Omaha-Douglas County Dental Clinic 4

By Creighton University 1

By Other 0

Nurse ____________________

School ____________________

M-59

```
      74.074  %
54 ) 40.00000
     378
      220
      216
       400
       378
        220
        216
          4
```

Proof

```
  74.074
      54
  296296
 390370
 3999996
       4
 4000000
```

```
      59.259
54 ) 32.00000
     270
      500
      486
       140
       108
        320
        370
         500
         486
          14
```

Proof

```
   59.259
       54
  237036
 296295
 3199986
 320000,8
```

School ____________

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

Grades k-6

School Year 1966-67

ENROLLMENT

Total number of pupils 517

VISION

Total number of vision tests given this year 472

Number of pupils fitted with glasses (first time) 22

Ophthalmologist 10 Optometrist 12

Number of pupils wearing glasses part or full time 94

DENTAL

Number pupils securing one dental certificate 120

Family Dentist 105 Free Service 15

NOSE AND THROAT

Number pupils having nose or throat operation this year 4

Family Physician 4 Free Service 0

Number pupils with recommendation by physician for nose or throat operation not yet performed 0

VACCINATION AGAINST SMALLPOX

Number pupils vaccinated this year for first time 4

Family Physician 1 Free Service 3

Number pupils re-vaccinated this year 41

Family Physician 26 Free Service 15

Total number of pupils who are vaccinated 99.419 % 514

IMMUNIZATION AGAINST DIPHTHERIA

Number pupils immunized this year for first time 0

Family Physician 0 Free Service 0

Number pupils receiving booster immunizations 48

Family Physician 33 Free Service 15

Total number of pupils immunized 99.806 % 516

INOCULATION AGAINST POLIOMYELITIS

Number of pupils inoculated for first time 0

Family Physician 0 Free Service 0

Total number of pupils protected against polio 99.226 % 513

INOCULATION AGAINST MEASLES

292

TUBERCULIN TESTS

Number of pupils tested for tuberculosis 426

Family Physician 21 Free Service 405

HEALTH EXAMINATION

Kindergarten	Family Physician	50	Free Service	47	Ch. Sc.	0
Grades 1-5 incl.	Family Physician	5	Free Service	1	Ch. Sc.	0
Grade 6	Family Physician	32	Free Service	8	Ch. Sc.	0
Grade 7	Family Physician		Free Service		Ch. Sc.	
Grade 8	Family Physician		Free Service		Ch. Sc.	
Grade 9	Family Physician		Free Service		Ch. Sc.	

Nurse ____________

M-47

74g

NURSE'S MONTHLY REPORT

Nurse ____________ Enrollment 349 Date 5-31-68 School ____________

	7	8	9	Month Total	Year Total
Complete Inspection includes Vision	125	15	118		258
Vision Test Only	8	18	4		30
Audiometric Test	18	116	10		144
HEALTH CONFERENCE					
Principal					73
Teacher					62
Pupil					92
Parent at Home					99
at School					48
by Telephone					137
Counselor					39
Others at School					16
by Telephone					11
at Office					2
PUPIL VISIT TO NURSE					
Absentees Screened					146
Teacher Referred					121
Counselor Referred					47
Parent Request					111
Nurse's Request					157
Child Study Referral					11
Summer School Referral					0
Pupil Request					719
WEIGH AND MEASURE					362
PARENT NOTIFICATION					
Dental Care					52
Medical Care					96
Referred to Community Agency					56
FIRST AID AND ACCIDENTS					
Accidents at School					2
Accidents outside of School					26
Minor Injury					131
EXCLUSIONS					
Illness					101
Injury					2
Skin					2
CLASSROOM TEACHING					
Subjects and Total Number of Rooms					5

M-128

MONTHLY REPORT OF PHYSICAL DEFECTS AND CORRECTIONS

School ______________ Nurse ______________ Date 5-31-68

Grades:	7	8	9	Month Total	Year Total
Enrollment	127	110	112		349
Hearing Defects	1	0	1		2
Cases Seen by Family Doctor	0	0	0		0
Cases Seen by Specialist	0	0	0		0
Cases Seen by Dispensary	0	0	1		1
Audio Letters Sent	0	0	1		1
Replies Received	0	0	0		0
Vision Defects	17	8	20		45
Glasses Fitted (1st Time)	6	3	9		18
by Ophthalmologist	3	0	5		8
by Optometrist	3	3	4		10
Re-examinations	6	4	7		17
by Ophthalmologist	4	2	4		10
by Optometrist	2	2	3		7
Glasses Not Recommended	0	0	0		0
by Ophthalmologist	0	0	0		0
by Optometrist	0	0	0		0
Number of Uncorrected Vision Defects	5	1	4		10
Dental Corrections (One Card)	21	18	62		111
Dental Corrections (two Cards)	3	4	1		8
Made Visit - No Certificate of Completion	5	8	4		17
Orthodontic (record only once)	1	1	3		5
Nose & Throat Defects	1	0	0		1
Corrected by Family Doctor	1	0	0		1
Corrected by Free Service	0	0	0		0
Number Complete Physical Exams	14	7	101		122
Number Physicals by Free Service	3	0	8		11

M-12

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

School ____________________

REPORT OF VACCINATIONS AND IMMUNIZATIONS

	7th	8th	9th	Total
Enrollment	127	110	112	349
Total number not vaccinated against smallpox	0	0	0	0
Vaccinations this year	0	0	0	0
Re-vaccinations this year	10	1	17	28
Total number not immunized against diphtheria	0	0	0	0
First D. P. T. immunizations this year	0	0	0	0
D. P. T. boosters this year	13	2	18	33
Inoculations against polio this year (first time)	0	0	0	0
Total number not protected against polio - Salk or Sabin	0	0	0	0
Total number having measle vaccine	36	2	5	43
Total number having mump vaccine	0	0	0	0

____
Nurse

M-49

AUDIOMETRIC TESTING PROGRAM

School ______________________

Number of pupils given audiometric test 144.
Number of pupils not responding normally to test 2.
Boys 1 Girls 1

	Otologist	Family Physician	C.U.D.	N.U.D.
A. Number of pupils seen	0	0	1	0
1. Number of pupils not referred for treatment	0	0	0	0
2. Number of pupils recommended for further evaluation	0	0	0	0
3. Total number of operations and treatment advised	0	0	1	0
Advised: a. Use of radium	0	0	0	0
b. Inflation of eustachian tubes	0	0	0	0
c. Speech Therapy	0	0	0	0
d. Lip-reading	0	0	0	0
e. Other treatment	0	0	1	0
B. Number of pupils receiving further treatment or operations	0	0	1	0

Nurse ______________________

M-48

PHYSICAL EXAMINATION

Summary Report

6th, 8th, 9th Grades

Number of pupils enrolled in 9th grade 112

Number of Christian Scientists 0

Number of pupils having medical examinations 101 90.178 %

By Family Physician 93

By Creighton University Clinic 4

By University of Nebraska Clinic 4

By Offutt and Omaha Boys Club 0

By Other 0

Number of students expecting to have Camp exams 0

Number of students having dental examinations 62 55.357 %

By Family dentist 59

By Omaha-Douglas County Dental Clinic 1

By Creighton University 2

By Other 0

Nurse ______________________

School ______________________

M-59

School ____________

OMAHA PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

Grades 7 - 8 - 9 School Year 1967-68

ENROLLMENT

Total number of pupils 349

VISION

Total number of vision tests given this year 288

Number of pupils fitted with glasses (first time) 18

Ophthalmologist 8 Optometrist 18

Number of Pupils wearing glasses part or full time 76

DENTAL

Number pupils securing one dental certificate 111

Family Dentist 101 Free Service 10

NOSE AND THROAT

Number pupils having nose or throat operation this year 1

Family Physician 1 Free Service 0

Number pupils with recommendation by physician for nose or throat operation not yet performed 0

VACCINATION AGAINST SMALLPOX

Number pupils vaccinated this year for first time 0

Family Physician 0 Free Service 0

Number pupils re-vaccinated this year 28

Family Physician 18 Free Service 10

Total number of pupils who are vaccinated 100 % 349

IMMUNIZATION AGAINST DIPHTHERIA

Number pupils immunized this year for first time 0

Family Physician 0 Free Service 0

Number pupils receiving booster immunizations 33

Family Physician 23 Free Service 10

Total Number pupils immunized 100 % 349

INOCULATION AGAINST POLIOMYELITIS

Number of pupils inoculated for first time 0

Family Physician 0 Free Service 0

Total number of pupils protected against polio 100 % 349

INOCULATION AGAINST MEASLES 12.320 % 43

TUBERCULIN TESTS

Number pupils tested for tuberculosis 31

Family Physician 20 Free Service 11

HEALTH EXAMINATION

Kindergarten	Ch. Sc.		Family Physician		Free Service	
Grades 1-5 inc.	Ch. Sc.		Family Physician		Free Service	
Grade 6	Ch. Sc.		Family Physician		Free Service	
Grade 7	Ch. Sc.	0	Family Physician	11	Free Service	3
Grade 8	Ch. Sc.	0	Family Physician	7	Free Service	0
Grade 9	Ch. Sc.	0	Family Physician	93	Free Service	8

Nurse ____________

HANDICAP NOTICE TO TEACHERS

The handicap notice is used in senior high school. A master handicap list is distributed at the beginning of the school year. If a handicapped student is found after the master list is sent, this notice is used to notify the teacher.

- -

Handicap Notice to Teachers

Teacher's Name ______________________________

Pupil's Name ______________________________

Hour ______________________________

Handicap ______________________________

Recommendation ______________________________

- -

HANDICAP LIST

School Year __________

School ______________________________ Nurse ___________________________________

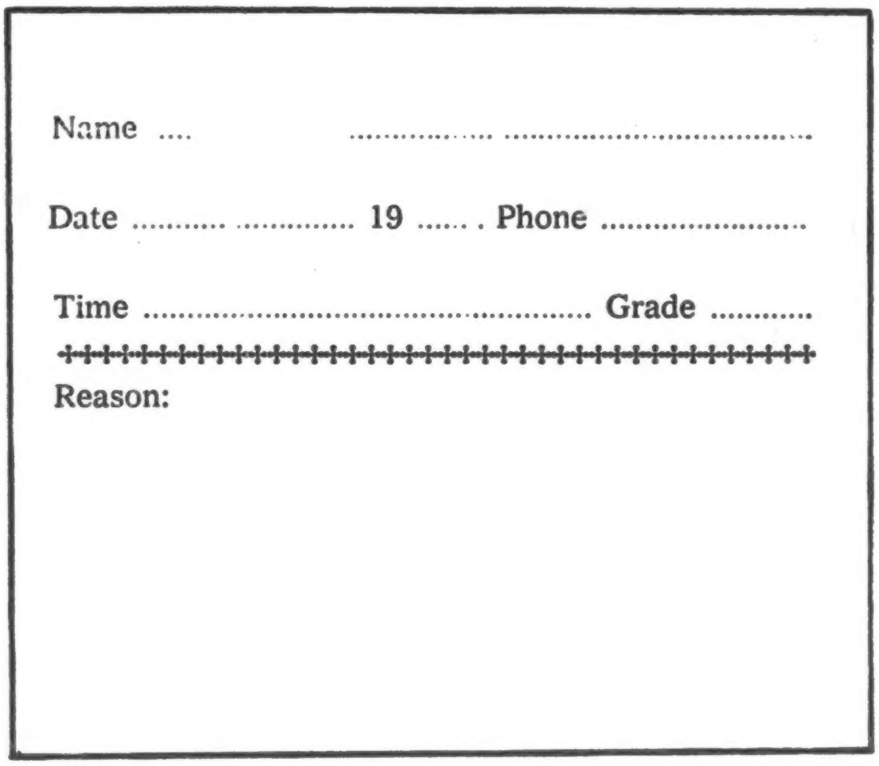
THIS INFORMATION IS STRICTLY CONFIDENTIAL AND MUST NOT BE ALLOWED TO FALL INTO THE HANDS OF ANYONE EXCEPT OMAHA PUBLIC SCHOOL PROFESSIONAL STAFF.

NEW TEACHERS: First check for students in your class rolls who are on the sit-in-front list so that you can make your seating arrangements accordingly. Later check for problems with your students; if you do not know what will be expected of you in a particular type of handicap, please see me for information and instruction.

ALL TEACHERS: My job is to help the handicapped student make the most of his educational opportunity. I call students continuously for screening for visual, auditory, emotional, physical, social, and other problems. You see students every day, I see them a few times a year. Please remember that I will welcome referrals of problems.

Handicap	Name	Grade	Description

This form is used by senior and junior high schools. The student completes the form whenever he enters the nurse's office. These are kept on file for referral.



Name ....

Date .... 19 .... Phone ....

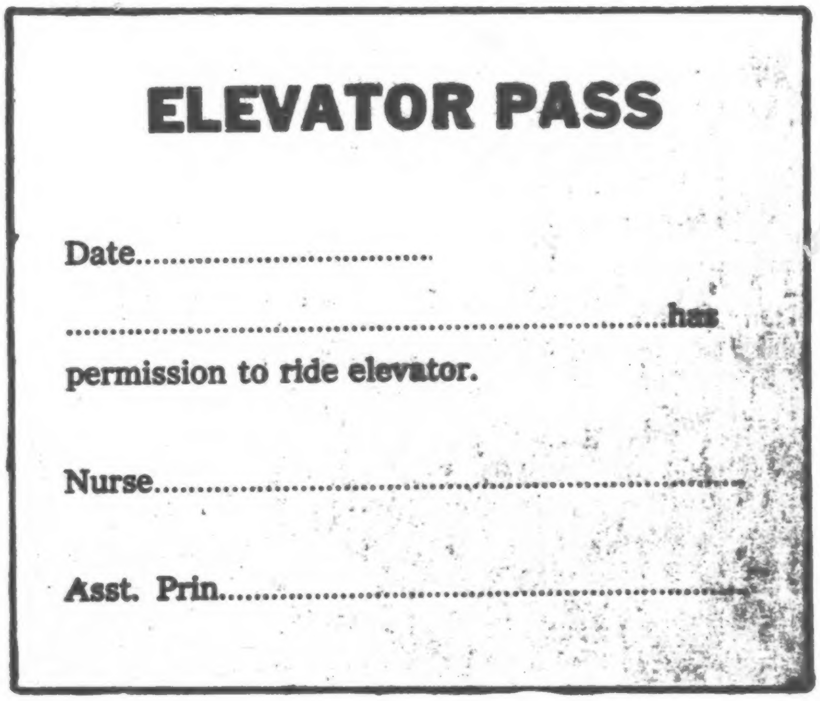
Time .... Grade ....

++

Reason:

ELEVATO[illegible]ASS

An elevator pass is issued to students who are restricted or who are physically incapable of using the stairs. The type of pass is determined by the principal of the school and recommendations of the nurse.



ELEVATOR PASS

Date..................................

....has

permission to ride elevator.

Nurse..

Asst. Prin...

The physical education excuse form is used by the senior high schools. The physical education teacher and the counselor are notified by this form when a particular student has a change in his physical activity. To be excused from physical education, the student must bring a note describing the reason for excusing him from physical education and signed by a physician.

____
Date

PHYSICAL EDUCATION TEACHER:

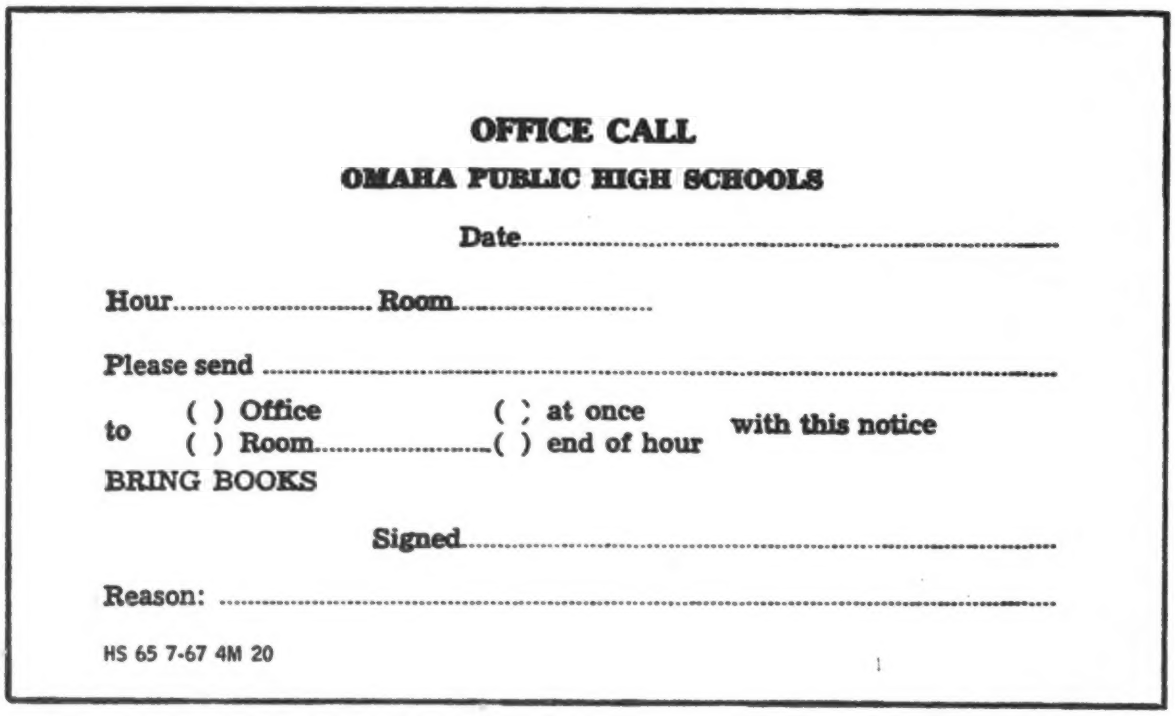
____________________________ should be excused from

physical activity __________________________ because of:

SCHOOL NURSE

HS-65 OFFICE CALL

The office call is used to call students to the nurse's office. This is used in the junior and senior high schools.



OFFICE CALL
OMAHA PUBLIC HIGH SCHOOLS

Date..

Hour.................... **Room**....................

Please send ....

to ( ) **Office** ( ) **at once** / ( ) **Room**....................( ) **end of hour** **with this notice**

BRING BOOKS

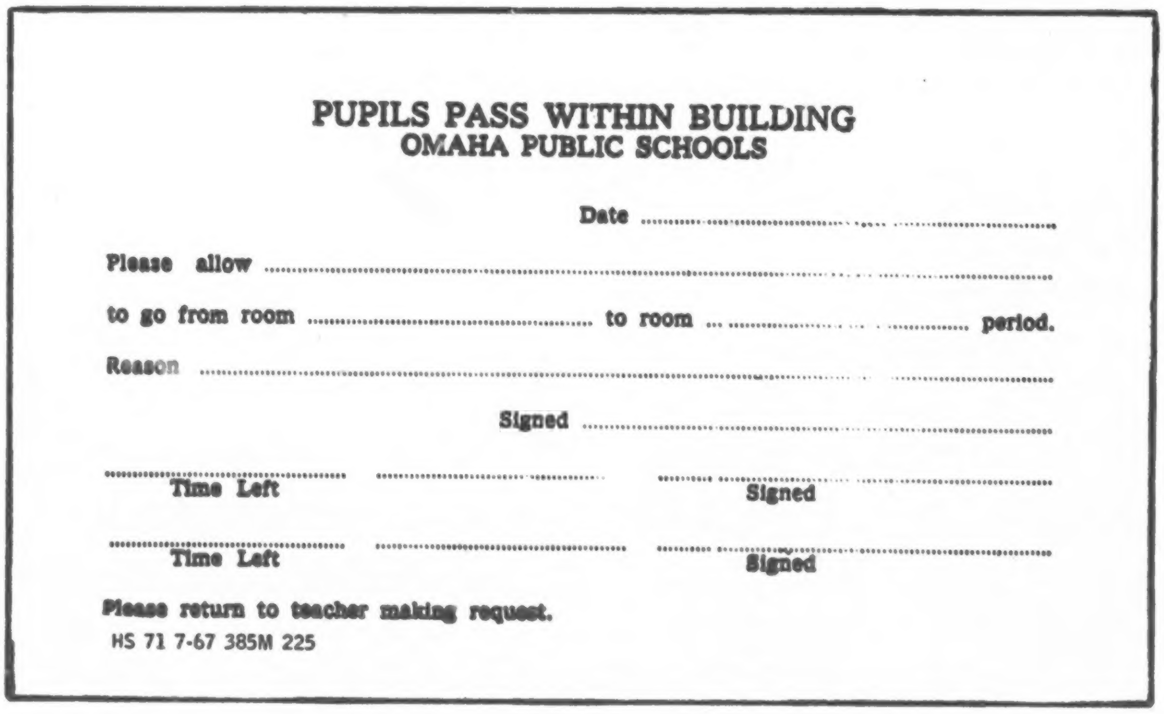
Signed..

Reason: ....

HS 65 7-67 4M 20

HS-71 PUPILS PASS WITHIN BUILDING

The pupil pass within the building is used in all high schools and junior high schools. This allows the student to go from one class or office to a class or office. The pass is issued after the module or period bell has rung.



PUPILS PASS WITHIN BUILDING
OMAHA PUBLIC SCHOOLS

Date ....

Please allow ....

to go from room .... **to room** .... **period.**

Reason ....

Signed ....

....
Time Left **Signed**

....
Time Left **Signed**

Please return to teacher making request.

HS 71 7-67 385M 225

COMMUNICATION SHEET

Whenever the nurse cares to send a communication as to nursing procedure, or findings, on a student, this form can be used. This form is used by the senior high schools.

Date

TO TEACHERS:

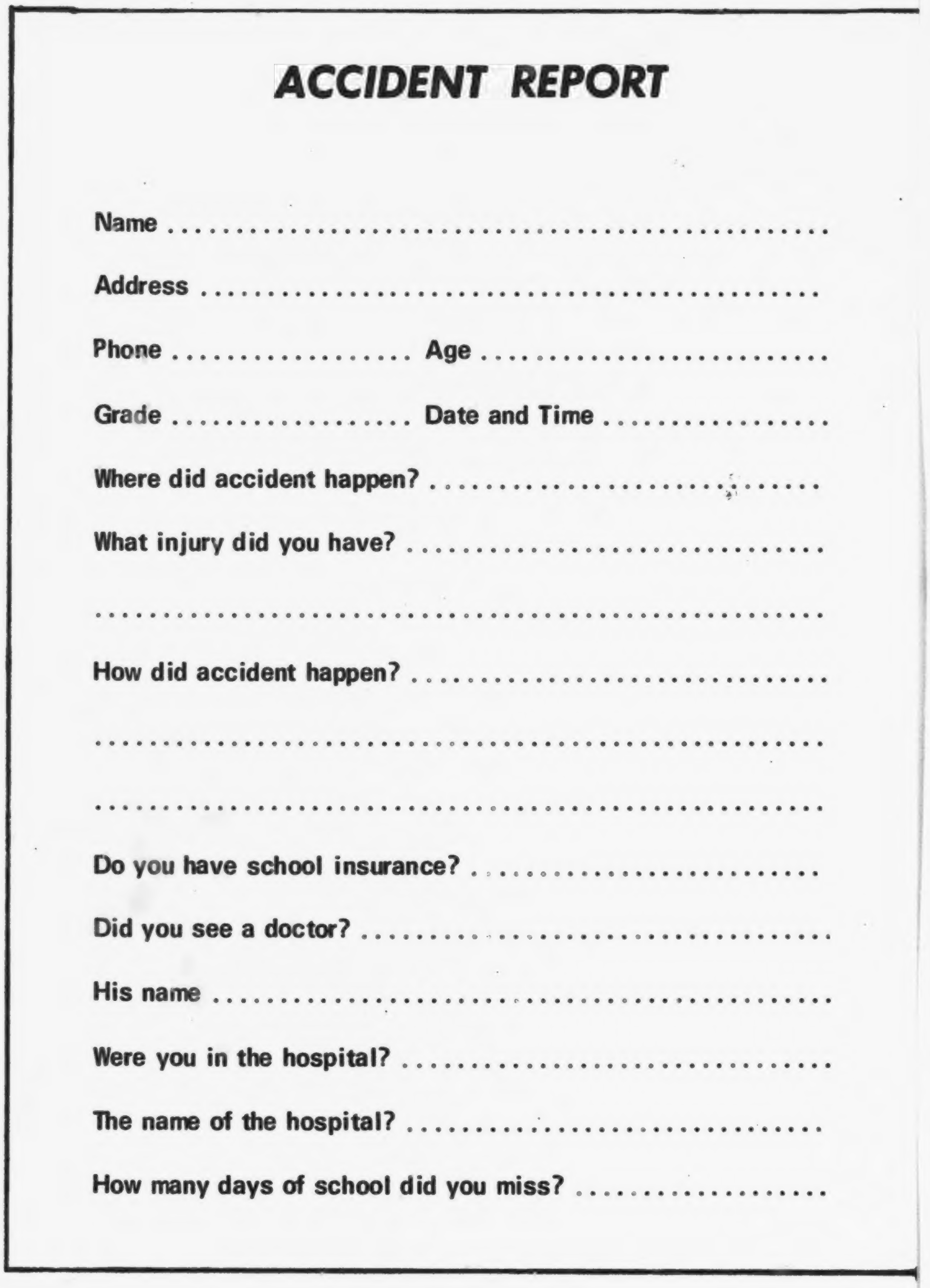
Please read carefully, initial, give to next teacher on the list. Will the last teacher listed below please return note to the nurse's mailbox.

Thank you,

School Nurse

M-22 STUDENT ACCIDENT REPORT

A preliminary report is made by the senior high students on accidents occuring either at school or elsewhere. An accident report is filed each time a student misses one-half day or more of school or sees a physician for any injury. The student form is used to transcribe the information to the IBM Accident Report (refer to IBM Accident Report).



ACCIDENT REPORT

Name ....

Address ....

Phone .... **Age** ....

Grade .... **Date and Time** ....

Where did accident happen? ....

What injury did you have? ....

....

How did accident happen? ....

....

....

Do you have school insurance? ....

Did you see a doctor? ....

His name ....

Were you in the hospital? ....

The name of the hospital? ....

How many days of school did you miss? ....

REPORTING OF STUDENT ACCIDENT

A. Definition of "Accident"

1. All student accidents must be reported to the central office on Friday of each week. An accident is defined as an injury which requires the care of a doctor or keeps a student out of school one-half day or more. All accidents should be reported regardless of where they occur: on school property, en route to or from school, at home, or elsewhere. Note that a report is required of every accident which meets the above definition.

B. Responsibility for Reports

1. In each junior and senior high school, the teacher in whose class an accident occurs should supply the nurse with the necessary information. In the elementary schools this information should be given to the principal. These individuals are responsible for submitting to the Office of the Assistant Superintendent in charge of Pupil Personnel Services reports of all accidents which occur to students in their respective schools during the week.

2. The elementary nurse completes the accident report if the accident occurs on the day she is in the building.

3. The nurse should check all accident reports for accuracy in tabulating.

C. If emergency ambulance or rescue service is required, report the accident at once to 553-3737 giving full information as to the accident.

Location

- ☐ AUDITORIUM or CLASSROOM
- ☐ CAFETERIA
- ☐ CORRIDOR
- ☐ STAIRS (inside)
- ☐ WASHROOMS
- ☐ SHOWERS or DRESSING ROOM
- ☐ FENCE or WALLS
- ☐ STEPS (outside)
- ☐ AUTO PARK AREA
- ☐ DRIVEWAY
- ☐ SHOPS
- ☐ LABS
- ☐ HOMEMAKING
- ☐ PLAYGROUND
- ☐ GYM
- ☐ HOME
- ☐ PARK
- ☐ STREET & SIDEWALK
- ☐ OTHER

2 To or From School

- ☐ SCHOOL BUS
- ☐ PUBLIC CARRIER
- ☐ BICYCLE (Fall)
- ☐ AUTO-BICYCLE
- ☐ AUTO-PEDESTRIAN
- ☐ AUTO-PASSENGER
- ☐ PEDESTRIAN (Fall)
- ☐ MOTOR-SCOOTER
- ☐ PRE-SCHOOL
- ☐ POST-SCHOOL
- ☐ UNSUPERVISED
- ☐ OTHER

3 Inter-Scholastic Athletics

- ☐ BASEBALL
- ☐ BASKETBALL
- ☐ FOOTBALL
- ☐ SWIMMING
- ☐ TRACK and FIELD
- ☐ TENNIS
- ☐ OTHER

4 Physical Education Inside

- ☐ BASKETBALL
- ☐ SWIMMING
- ☐ TUMBLING
- ☐ VOLLEYBALL
- ☐ OTHER

5 Physical Education Outside

- ☐ SOCCER
- ☐ SOFTBALL
- ☐ TAG and RUNNING
- ☐ VOLLEYBALL
- ☐ RELAYS
- ☐ APPARATUS
- ☐ BASKETBALL
- ☐ BASEBALL
- ☐ FOOTBALL
- ☐ OTHER

6 Nature of Injury

- ☐ BRUISE
- ☐ BURN
- ☐ BITE
- ☐ CONCUSSION
- ☐ CUT
- ☐ DISLOCATION
- ☐ DROWNING
- ☐ EYE
- ☐ FRACTURE
- ☐ POISONED
- ☐ SPRAIN
- ☐ STITCHES
- ☐ STRAIN
- ☐ SWALLOW
- ☐ WOUND
- ☐ DEATH
- ☐ OTHER

7 Anatomical Location

- ☐ HEAD
- ☐ FACE
- ☐ EYE
- ☐ MOUTH
- ☐ NOSE
- ☐ TEETH
- ☐ EAR
- ☐ NECK
- ☐ ANKLE FOOT
- ☐ LEG
- ☐ KNEE
- ☐ SHOULDER
- ☐ ARM
- ☐ WRIST
- ☐ ELBOW
- ☐ FINGER HAND
- ☐ ABDOMEN
- ☐ CHEST
- ☐ BACK
- ☐ OTHER

8 Accident Cause

- ☐ ANIMAL
- ☐ CUTTING OBJECT
- ☐ DISASTER
- ☐ EXPLOSION
- ☐ FALLS
- ☐ FALLING OBJECTS
- ☐ FIRE or HOT LIQUID
- ☐ FOREIGN OBJECT
- ☐ PERSONS COLLIDING
- ☐ POISONS (GAS)
- ☐ VEHICLES
- ☐ OTHER

ACCIDENT REPORT

RD-12-'66

OMAHA PUBLIC SCHOOLS

(USE SOFT LEAD PENCIL)

GRADE: K 1 2 3 4 5 6 7 8
9 10 11 12 UNG. ADULT ☐ PRE SCHOOL ☐

SCHOOL:
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

DAY: SUN MON TUE WED THUR FRI SAT

MONTH:
JAN FEB MAR APR MAY JUN
JUL AUG SEP OCT NOV DEC

DATE:
0 1 2 3
0 1 2 3 4 5 6 7 8 9

HOUR:
1 2 3 4 5 6
7 8 9 10 11 12

MIN.:
0 1 2 3 4 5
0 1 2 3 4 5 6 7 8 9

AM ☐ PM ☐

AGE IN YEARS:
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

DAYS LOST:
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
and 1/2

PARENT NOTIFIED YES ☐ NO ☐ NURSE AVAIL. YES ☐ NO ☐
DOCTOR CALLED YES ☐ NO ☐ SCHOOL INS. YES ☐ NO ☐
MALE ☐ FEMALE ☐ SCHOOL JURIS. YES ☐ NO ☐

ACCIDENT DESCRIPTION

CHILD'S NAME ____________
LAST FIRST M.I.

CHILD'S ADDRESS ____________

PERSON COMPLETING THIS REPORT ____________ DATE

PRINCIPAL'S SIGNATURE ____________ DATE

IBM H95112

INSTRUCTIONS: This form is to be completed with SOFT LEAD PENCIL by nurse or teacher and VERIFIED by Principal. Return completed form each FRIDAY to Special Services Department. Mark only one (1) position in Section 1-2-3-4-5-6-7-8. If correct response is not given, use the one which best describes or "other". Three (3) marks are required to complete SCHOOL NUMBER. DATE, MINUTE, AND AGE sections require two (2) marks. DAYS LOST requires two (2) marks plus the 3rd if 1/2 day is needed. Write description and/or doctor's name in box.

FORM 3A

APPLICATION FOR SHOES AND CLOTHING

Families who are in need of clothing or shoes may request these articles through the school nurse, principal, teacher, community aide, or visiting teacher. The application is completed by the principal's office and sent to the visiting teacher. The visiting teacher obtains the needed articles.

Application for Shoes

Date

(Surname First) (Birth-Mo.-Day Yr.)

(Address) (Phone) (Grade)

(School) (Parents' Name)

Stamp No. Store

Reason for Request:

Principal Parent

(over for remarks)

Application for Clothing

Date

(Surname First) (Birth-Mo.-Day-Yr.)

(Address) (Phone) (Grade)

(School) (Parents' Name)

Stamp No. Store

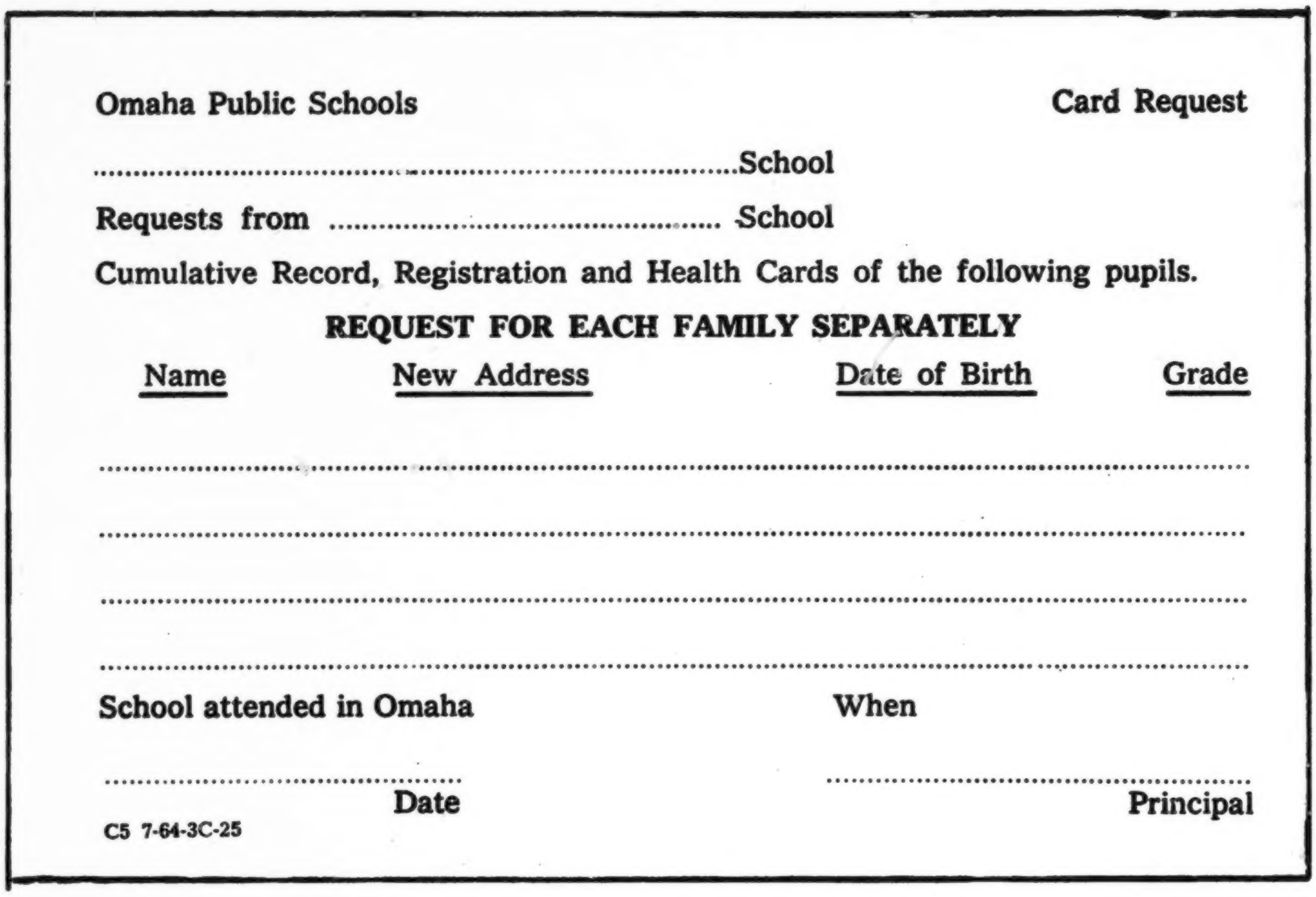
Reason for Request:

Principal Parent

(over for remarks)

CENSUS FORM 5

The census form is used by the principal or nurse to request health cards from the census department or other Omaha Public Schools.



Omaha Public Schools **Card Request**

....School

Requests from .... School

Cumulative Record, Registration and Health Cards of the following pupils.

REQUEST FOR EACH FAMILY SEPARATELY

Name New Address Date of Birth Grade

....

....

....

....

School attended in Omaha When

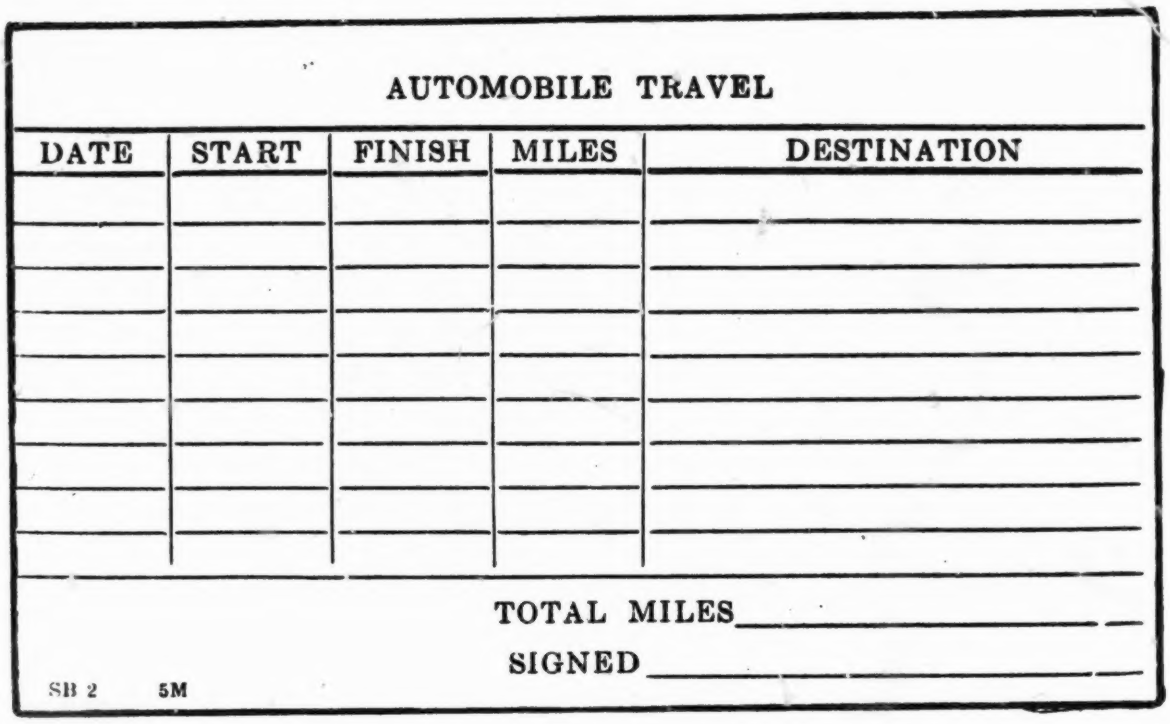
....

Date Principal

C5 7-64-3C-25

AUTOMOBILE TRAVEL

Automobile travel card (Sb2) is filled out each week by elementary and junior high school nurses. The cards are sent at the end of each week to the Office of the Secretary of the Board of Education.



AUTOMOBILE TRAVEL

DATE	START	FINISH	MILES	DESTINATION

TOTAL MILES__________________

SIGNED__________________

SB 2 5M

SPECIAL SERVICES DEPARTMENT PAYROLL DATA

This form is filled out by all special services employees to verify attendance. The sheet is sent to the office of Pupil Personnel Services on the 20th day of each month.

SPECIAL SERVICES DEPARTMENT PAYROLL DATA

From ______________________ To ____________________________

Number of days absent this payroll because of illness ________

Number of other days absent this payroll without loss of pay (excused absence for meetings, funerals, etc.) ________

Number of days absent this payroll with loss of pay ________

Dates of above absence and reason for absence ________________________

____

____

I hereby certify that the above report of time is true and correct.

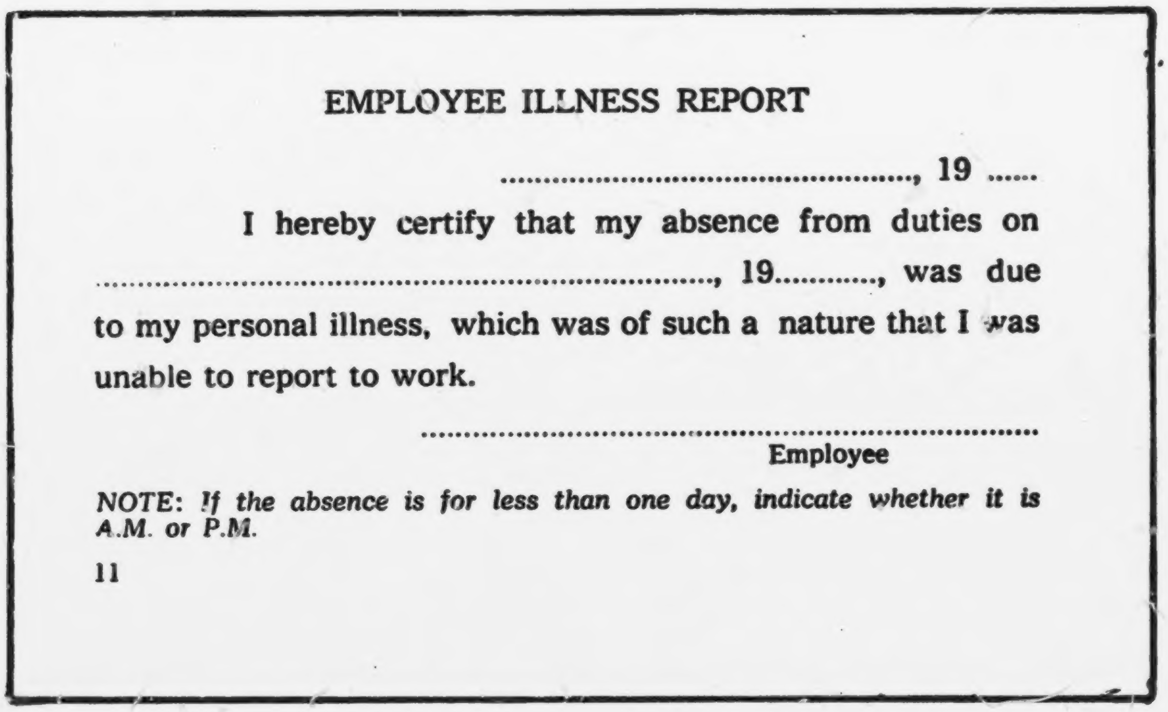
____
(signature)

Please sent this report to Mr. Warner's secretary by the 24th day of each month. If this form is not in, your warrant will be held. (Attach illness card if absent because of illness.)

M-2/67

EMPLOYEE ILLNESS REPORT

Each time an employee is absent from duty because of illness, an Employee Illness Report (11 563 5 M 19) is completed to certify her absence. Check the policy of your school for other instructions.



EMPLOYEE ILLNESS REPORT

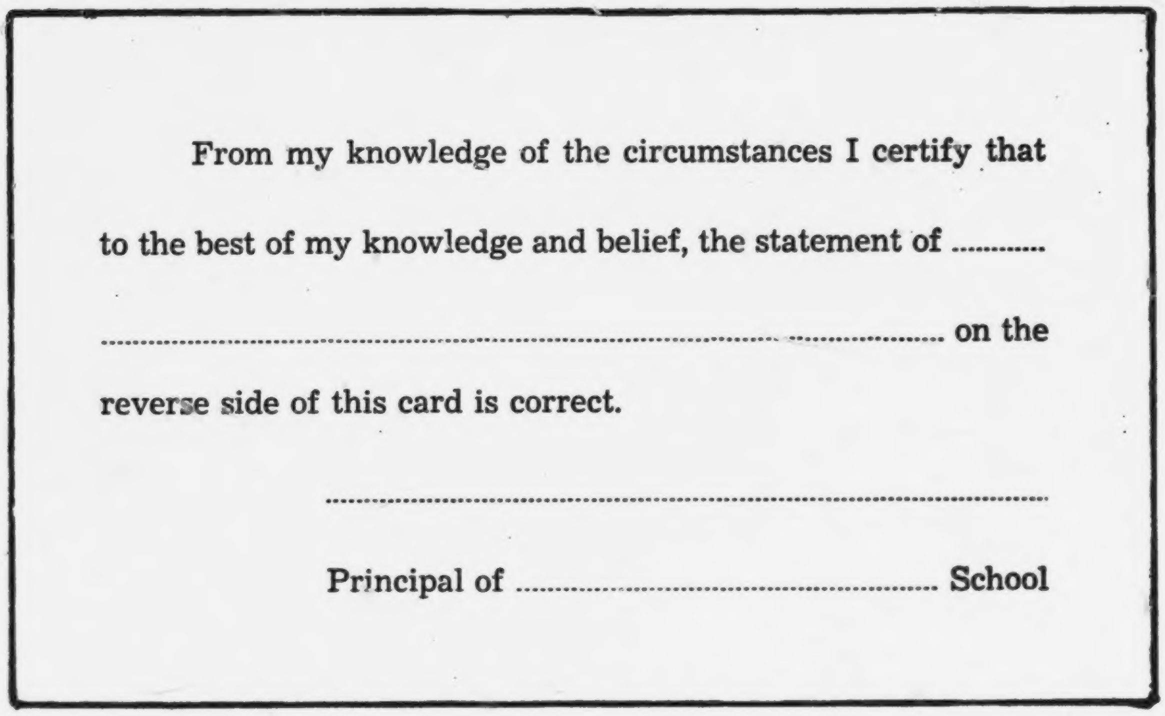
...., 19 ......

I hereby certify that my absence from duties on ...., 19..........., was due to my personal illness, which was of such a nature that I was unable to report to work.

....
Employee

NOTE: If the absence is for less than one day, indicate whether it is A.M. or P.M.

11



From my knowledge of the circumstances I certify that to the best of my knowledge and belief, the statement of .... on the reverse side of this card is correct.

....

Principal of .... School

STANDARDS OF EXCELLENCE AND APPRAISAL OF SCHOOL NURSE

One form is completed by the Supervisor of Health Services and another form by the principal.

A conference is held with the nurse before she signs the appraisal.

A nurse is evaluated each year before she acquires tenure, then every three years.

OMAHA PUBLIC SCHOOLS

Standards of Excellence and Appraisal of School Nurse

Name ______________________________ School ______________________

______________________________ Date ______________________

INSTRUCTIONS FOR USE

The Standards of Excellence are descriptive of the highly superior school nurse. For each of the main areas there is a general statement with substatements to help determine to what degree an individual nurse meets the standards as described. On the basis of observed and recorded evidence, appraisals should be made in relation to the standards.

Please us a five-point scale -- 1, 2, 3, 4, 5. One designates that the nurse is very superior, and five designates that her services are unsatisfactory. Space is provided for an evaluation of each sub-heading. The general estimate for each main area may be shown at the beginning of each of the five sections.

SUMMARY OF NURSE EVALUATION

AREAS	SCORE
I. Personal Qualities	________
II. School Relationships	________
III. Health Supervision	________
IV. Professional Relationships	________

Comments:

____

____

____

____

Do you think this nurse is sufficiently promising to be continued on the corps for another year? YES NO

______________________________ ______________________________

Signature of Nurse Signature of Evaluator

______________________________ ______________________________

Date Position of Evaluator

Circle the number that best represents this nurse's place as compared with the highly superior nurse described below.

I. PERSONAL QUALITIES 1 2 3 4 5

Inseparably woven through the fabric of a nurse's activities are the characteristics that make her a person. Some of these are inherited; others have been modified by experience or consciously developed by training. Whatever their source, these characteristics for such an intimate part of an individual that they influence greatly all that he does. The excellent nurse usually possesses the following favorable personal qualities.

Sympathetic Understandings 1 2 3 4 5

She is approachable, friendly, and obviously sincere and understanding in her dealings with people. Sensitive to the needs of others, her interest in their problems springs from a desire to be helpful rather than from personal curiosity.

Judgment and Tact 1 2 3 4 5

She senses probable outcomes of situations and makes reliable decisions. She works among teachers and pupils without arousing resentment. She promotes understanding rather than antagonism by knowing what to do and say at the right time.

Cooperation and Dependability 1 2 3 4 5

She works well with others. Whether leader or follower, she carries her full share of responsibility. She is reliable and finishes what she begins.

II. SCHOOL RELATIONSHIPS 1 2 3 4 5

An excellent working relationship between the nurse and all other members of the school personnel is essential for a good health program. The basic element upon which this relationship grows is a genuine liking for people and a sympathetic understanding of their differing personalities. The excellent school nurse usually achieves the following.

School Atmosphere 1 2 3 4 5

There is a marked evidence of cooperation, respect, courtesy, and willingness to work together for the good of all children. A feeling of friendliness prevails.

Personal Relationships 1 2 3 4 5

She is interested in and understands children. Patient, kindly, and considerate of pupils' feelings, she is unbiased in attitude and action.

III. HEALTH PROMOTION AND HEALTH SUPERVISION 1 2 3 4 5

The nurse in school practices the principles of public health nursing in her work with pupils, teachers, and parents. She knows and applies the principles of mental hygiene, sociology, and family case work as well as the basic principles of education. She utilizes her knowledge of the growth and development of the well child throughout the entire growth cycle in evaluating health needs of pupils. The excellent school nurse uses her professional training in the following ways.

Visits to Home 1 2 3 4 5

She is an understanding visitor in the homes of pupils. She is intelligent in her interpretation to the parents of the general purposes of the school and is effective in securing their cooperation in the health program of the school.

Work with Teachers 1 2 3 4 5

She encourages teachers to evaluate the health status of their pupils, and to report to her the names of pupils who seem to need medical care. She keeps teachers informed of the special health needs of pupils so that any needed adjustment of either program or school environment may be made for the pupil.

Record Keeping 1 2 3 4 5

She recognizes the value of good records and is will to devote the time and energy necessary to secure and record pertinent information. She organizes her work carefully so that routine matters are cared for efficiently. She is prompt, careful, and accurate in making records and reports.

Follow-up 1 2 3 4 5

She knows how to secure information tactfully and gains the confidence of parents by a friendly but matter of fact approach. She is optimistic and persistent in her attack on difficult cases.

Knowledge of Social Resources 1 2 3 4 5

She knows the social resources of the community and uses them skillfully in meeting the needs of the families with whom she works.

Ethics 1 2 3 4 5

She observes good ethics in all her contacts with other professional workers and is discreet in her use of information obtained in the course of her work.

Attendance and Health 1 2 3 4 5

She recognizes that good attendance is basic to normal progress in school and does all she can to lessen absence due to illness. Preventive measures such as immunizations against communicable diseases and early treatment of illness are stressed in her contacts with parents and pupils.

IV. PROFESSIONAL RELATIONSHIPS 1 2 3 4 5

The excellent school nurse recognizes her responsibilities to the broad interests of education and makes contributions to the educational program.

Total School Program 1 2 3 4 5

She sees her own work in its relation to the whole school program. She plans carefully with the principal those activities and procedures that contribute most effectively to the total purposes of the school. She gives freely of her time and energy. She shows initiative and does a good job.

Fellow Workers 1 2 3 4 5

She works cooperatively with the entire school staff. She is friendly and courteous and shows a willingness to help teachers new to the school. She recognizes and appreciates the good work of her associates. She keeps the personal apart from the professional.

Parents and Community 1 2 3 4 5

Recognizes that schools belong to the community, she does what she can to build community understanding and good will. She welcomes the natural interest of parents in their children's welfare. When they visit the school, she treats them courteously, helps them to understand the school health program, and invites their cooperation.

Professional Attitudes 1 2 3 4 5

She has a deep and enthusiastic interest in her work and believes in its importance as a part of the total program of the public school. She reads and studies in her own and related fields, keeps herself informed of recent developments and adapts her health teaching to changing conditions and needs.

Professional Membership 1 2 3 4 5

She belongs to the following professional organizations:

____

____

____

____

____

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